

PSYCHD

The extent to which relational depth can be reached in online therapy and the factors that facilitate and inhibit that experience

A mixed methods study

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The Extent to Which Relational Depth can be Reached
in Online Therapy and the Factors that Facilitate and
Inhibit that Experience:
A Mixed Methods Study

by

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A thesis submitted in partial fulfilment of the requirements for the degree of
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Abstract

Aims: The main objectives of this research was to identify the extent to which relational depth can be experienced in online therapy, the phenomenological nature of that experience and what factors facilitate and inhibit relational depth.

Method: A mixed methods research methodology was employed. Firstly, the responses from 13 participants who completed the Relational Depth Inventory (RDI) and the Relational Depth Frequency Scale (RDF) were analysed using descriptive statistics. This was followed by an in depth interview with seven of those participants to explore their individual experience of relational depth in online therapy. Interviews were semi-structured and data was analysed using Interpretative Phenomenological Analysis (IPA).

Results: Females experience relational depth in online therapy to a greater extent than males ($t(11) = -3.01, p = 0.012$). Five out of seven participants stated relational depth could be experienced in online therapy. The experience was described as unforgettable, beyond words and life changing. The factors which participants felt facilitated relational depth in an online setting was the length of time they had been in therapy as well as having a therapist who offered a flexible and professional approach. Additionally, the accessibility, ease and affordability of online therapy as well as the physical distance was found to be a facilitating factor. Factors which were deemed as inhibiting to relational depth were mainly the technical

issues which occurred during a session, as well as the distance between themselves and their therapist. Finally, participants felt that the lack of non verbal cues was a factor as well as feeling that at times they themselves were a hindrance to the process and that relational depth would only occur if they were willing to take a risk and leap of faith.

Implications for practice: This research may encourage therapists who are sceptical and reluctant to offer online therapy insight into how relational depth can be achieved. It may also encourage therapists who already offer online therapy an understanding about the limitations of this mode of therapy and how they can help optimize the possibility of a relationally deep encounter with their clients. This research also suggests the importance of therapists keeping abreast of digital culture and the need for training organisations to incorporate online therapy teaching in their training programmes.

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Chapter 1. Introduction

This thesis will explore the extent to which relational depth can be reached in online therapy and the phenomenological nature and experience of such a moment. Factors which help facilitate as well as hinder that experience from occurring will also be examined. For the purpose of this study online therapy and online counselling will be used interchangeably and will refer to the use of the internet to perform any type of professional therapeutic interaction between a qualified mental health professional and a client (Barak, Klein and Proudfoot, 2009).

The chapter begins with an overview of relational depth and the experience of a moment of relational depth in face to face therapy. The origins of online therapy are then discussed including the benefits and limitations of this type of therapy. The chapter concludes with the aims and objectives of the study and the reasons why this research topic was decided upon including my own personal interest in online therapy and relational depth. The topics covered in this chapter are a brief summation and will be explored in much more detail in the literature review chapter.

1.1 Background

1.1.1 The origins of working relationally and at depth

The idea of working relationally and at depth is not a new concept but one that has been around for some time. Martin Buber, the existential philosopher, was one of the first to refer to the importance of an authentic and mutual connection in a relationship. He uses the word *Begegnung* meaning encounter, which refers to what happens when two I's come into relation at the same time. He encouraged people to fully engage with each other, not as an individual or as a group but as he put it 'Man with Man' (Buber, 1947), so that we can develop and grow. Others have referred to 'mutual intersubjectivity' (Jordan, 1991a) or 'a moment of meeting' (Stern, 2004) in which a shared authentic encounter between therapist and client changes both the relationship and affects the other's state bringing about psychological change. Satir (1987) sums this up stating:

The whole therapeutic process must be aimed at opening up the healing potential within the patient of the client. Nothing really changes until that healing potential is

opened. The way is through the meeting of the deepest self of the therapist with the deepest self of the person, patient or client. When this occurs, it creates a context of vulnerability – of openness to change. (p.25)

1.1.2 What is relational depth?

Although the importance of working relationally and at depth has been discussed by numerous philosophers and psychotherapists, the term ‘relational depth’ was not used until 1996 when Dave Mearns referred to ‘contact at relational depth’ (Mearns, 1996, p. 30) in order to highlight the role played by the depth of the relationship in psychotherapy (Knox, 2011). The idea was then further developed by Mearns and Cooper (2005) and was defined as:

A feeling of profound contact and engagement with a client, in which one simultaneously experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way. In this relationship, the client is experienced as acknowledging one’s empathy, acceptance and congruence – either explicitly or implicitly – and is experienced as fully congruent in that moment. (p. 36)

This definition of relational depth builds upon three of Roger’s (1957) core conditions, i.e. empathy, congruence and unconditional positive regard, all of which are deemed necessary and sufficient for change to occur. Mearns and Cooper (2005) emphasized the importance of the integrative nature of these conditions, and suggest that when offered together in high degree it would be more accurate to describe them as different facets of a single variable, namely relational depth.

1.1.3 The experience of a moment of relational depth in face-to-face therapy

The experience and nature of a moment of relational depth has been researched from both therapist (Cooper, 2005; Mearns and Cooper, 2005; Leung, 2008; Morris, 2009) and client perspectives (McMillan and McLeod, 2006; Wiggins, 2008; Knox, 2011) with both parties reporting very similar experiences. In terms of the relationship in particular, feeling connected, close and intimate with the other during such a moment was commonly reported. (Cooper, 2005; Wiggins, 2007; Knox, 2008, 2011; Macleod, 2009; Knox and Cooper, 2010). Descriptions of themselves during a moment of relational depth included feeling alive, energized and focused (Knox, 2008) with a heightened or altered awareness (McMillan and

McLeod, 2006; Cooper, 2013) and a sense of immersion (Cooper, 2005). Other descriptions about the moment included feeling accepted, genuine, real, open, present and free, as well as feeling satisfaction, happiness, wellbeing and warmth (McMillan and McLeod, 2006, Knox, 2008, Cooper, 2005; 2013). Finally, the portrayal of the moment itself has been referred to as magical (Cooper, 2009), spiritual and healing (Knox, 2011) and unique and life changing (McMillan and McLeod, 2006).

1.1.4 The origins of online therapy

Online therapy originated in the late 1990s and has continually increased with just under 90% of counsellors and psychotherapists registered on Counselling Directory offering online, email or telephone based counselling services-(Counselling Directory, 2016). Various terms have been used interchangeably to denote this special professional activity: ‘e-therapy’, ‘online therapy’, Internet therapy, and cyber-therapy, and sometimes it is referred to as e-health or tele-health, as a part of more general activities (Barak, Hen, Boniel-Nissim, and Shapira, 2008).

1.1.5 What is online therapy?

Online therapy can be classified into four basic categories: ‘1) web-based interventions; (2) online counselling and therapy; (3) Internet operated therapeutic software; and (4) other online activities (e.g., as supplements to face-to-face therapy)’ (Barak, Klein and Proudfoot, 2009, p. 5). Additionally, online therapy can be delivered in ‘real-time’ (synchronously) or be delayed (asynchronously). Thirdly, it can be conducted through five primary approaches, namely e-mail, secure web-based message systems, real-time text exchange (chat), videoconferencing, and voice over Internet phone (Ainsworth, 2001 retrieved from Tsavalouta, 2013), with e-mail being the most common mode of interaction between client and therapist (Ivey, Ivey, and D’Andrea, 2011). Other important distinctions have to do with therapeutic approach and individual versus group mode, terms normally associated with traditional, face-to-face therapies (Barak et al., 2008).

1.1.6 Benefits and limitations of online therapy

Online therapy offers numerous benefits; it can reach individuals who would otherwise be hard to reach, for example, individuals living in remote areas, or those who do not seek help out of shame or fear of stigmatisation (Burns et al., 2009). It also can provide anonymous and easily accessible service in a convenient, cost and time effective way and can offer what is

known as the disinhibition effect (Suler, 2004). This allows the participant to be more open and less restricted in what they say due to the online nature of the interaction compared to face-to-face.

The main criticism of online therapy is that it is not a substitute or equivalent to face-to-face therapy (Skinner and Latchford, 2006) with the lack of visual and auditory cues increasing the chances of misunderstanding between counsellor and client (Kraus, Stricker, and Speyer, 2010). Issues such as whether warmth, caring, and compassion can be communicated via text (Tsavalouta, 2013) has also been raised with asynchronous communication being noted to increase client's anxiety leaving them wondering about the meaning of unexplained delays in a therapist's response (Rocheln et al., 2004). It can also lead to what Suler (2002a) called the 'black hole phenomenon'.

1.2 Rationale for research

As the fundamental underpinnings of counselling psychology is based on relatedness and mutual understanding many still view online therapy with suspicion and fear and worry that a computer mediated relationship is not the same as a face-to-face one. To date all of the studies which have examined relational depth in face-to-face therapy have conceded that these moments are highly significant within the therapeutic journey and have a positive effect both on the therapeutic process and on client's lives after the therapy has ended (Knox, 2011). Therefore, there is an interest in discovering the extent and nature of this phenomenon virtually when there is physical distance between counsellor and client. Also carrying out research into the factors which facilitate and inhibit relational depth will provide clinically relevant material for professionals who may or may not offer therapy via this modality and add to the existing growing findings concerning relational depth.

1.3 Areas of investigation

This research was a mixed methods investigation into clients' experiences of specific moments of relational depth in online therapy. Although relational depth and internet based therapies have received a lot of attention there has yet been a study to look at both of these areas together. The proposed study aims to contribute rich and clinically relevant findings as well as adding something contemporary and innovative to the field of relational depth and internet therapy. The objectives of the study were;

- 1) To identify the extent to which relational depth can be experienced in online therapy
- 2) To identify the phenomenological nature of the experience of relational depth in online therapy
- 3) To identify factors that may facilitate the experiencing of relational depth in online therapy
- 4) To identify factors that may inhibit the experiencing of relational depth in online therapy

1.4 Personal interest

I am a final year student on a three-year practitioner doctorate (PsychD) in Counselling Psychology at the University of Roehampton. This training is based on a relational, integrative model of practice, incorporating person-centred, psychodynamic and cognitive behavioural therapy approaches. Before getting on to the course I worked as a researcher for a social innovation company which developed a smart phone app for mental health service users. The app allowed users to record their mood and activity on a daily basis as well as set themselves goals. This allowed me to see the first hand benefits of how digital technologies can enhance healthcare and wellbeing and since then I've become passionate about the utilisation of such tools in a therapeutic setting. My interest in relational depth came about when I read the book *Working at relational depth in counselling and psychotherapy* by Mearns and Cooper (2005) during my first year on the training program and I began to wonder whether these moments of profound depth which have been so valuable could be reached with a therapist who is at the other side of a computer screen and is it the same as in a face-to-face encounter. Therefore, I do not claim to approach this work without pre-existing biases. However, I feel that an awareness and acknowledgement of these views will enable me to bracket them off as best I can but also that my analysis of this study may be underpinned by my experience and thinking.

Chapter 2. Literature Review

2.1 Chapter overview

In the following chapter, relational depth and online therapies are discussed in the context of all relevant and recent theoretical findings and literature.

The chapter begins with an overview of relational depth and the development of online therapy, followed by the findings thus far on the advantages and disadvantages of therapy offered via this medium. A review of the therapeutic relationship in general, and how face-to-face therapy differs from online therapy is covered, as well as a section on the effectiveness of online therapies. The Chapter concludes by reviewing the literature on the extent and nature of experiencing relational depth in traditional face-to-face therapy and the factors which facilitate and inhibit that experience from occurring. All of the above is discussed from a Counselling Psychology perspective, and important gaps in the literature are addressed throughout.

A systematic review of the literature was conducted by searching three electronic databases to begin, PsycINFO, PsycARTICLES and PubMed. Firstly, the search terms ‘online therapy’, ‘online counselling’, ‘internet therapy’ and ‘therapeutic relationship’ were entered into the databases. PubMed returned 834 results whilst a combined search of PsycINFO and PsycARTICLES returned 286. A second and separate search using the term ‘relational depth’ was entered and 1302 items were generated on PsychINFO and PsycARTICLES. Finally, the combination of ‘online therapy’, ‘online counselling’, ‘internet therapy’ and ‘relational depth’ search terms were entered and a combined total of six results emerged.

The above search terms were also entered into Google and Google Scholar and two key texts were used to also review the literature; *Working at relational depth in counselling and psychotherapy* (Mearns and Cooper, 2005) and *Relational Depth: New perspectives and developments* (Knox, Murphy, Wiggins, & Cooper, 2012). The relevant studies and findings in relation to the research topic were reviewed and are discussed below.

2.2 Relational depth

The concept of relational depth was first coined by Mearns (1996) to highlight the depth and quality of contact between client and therapist in the psychotherapy relationship. He suggested that psychological contact is not an all or nothing matter, but rather it is on a

spectrum, and stated that ‘the interaction between counsellor and client will move around the contact spectrum, at times engaging very deeply and on other occasions much more superficially’ (Mearns, 1997, p.22). He proposed that ‘one of the ingredients involved in the therapist’s ability to work at relational depth is a coming together of high levels of the therapeutic conditions of empathy, unconditional positive regard and congruence’ (Mearns, 1997 p. 23), three of Rogers’ (1957) core conditions, all of which are deemed necessary and sufficient for change to occur, and which counselling psychologists work to convey to clients so that their strengths and coping abilities can flourish (Mallen, Vogel, and Rochlen, 2005).

While Rogers’ core conditions have been the main focus of person-centred theory and practice over the years, their connection with relational depth is relatively new (Knox, 2011). Mearns and Cooper (2005) emphasised the importance of the integrative nature of these conditions, and suggest that when offered together in high degree it would be more accurate to describe them as different facets of a single variable, namely relational depth. Mearns and Cooper (2005) developed a more comprehensive and workable definition of relational depth (Price, 2012) and describe it as:

A feeling of profound contact and engagement with a client, in which one simultaneously experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way. In this relationship, the client is experienced as acknowledging one’s empathy, acceptance and congruence – either explicitly or implicitly – and is experienced as fully congruent in that moment’. (Mearns and Cooper, 2005, p. 36)

This definition suggests that relational depth is based firstly on an ongoing deep relationship, in which the therapist consistently offers the client high levels of empathy, congruence and unconditional regard, and in which the client acknowledges being in receipt of these conditions (Knox, 2011). Secondly, relational depth has specific, identifiable moments of profound engagement and connectedness (Knox, 2011). As Mearns and Cooper put it, each participant ‘is experienced as fully congruent in that moment’ (2005, p. 36).

A number of studies have looked at both clients’ and therapists’ experiences of relational depth (Cooper, 2005; McMillan and McLeod, 2006; Knox, 2008) and the findings have found many overlapping features in how both therapists and clients describe themselves in those moments. This will be discussed in greater detail further in the Chapter, but possibly the most

important conclusion drawn from these studies is that both therapists and clients report the perceived therapeutic value of an experience of a moment of relational depth. This provides initial evidence that a moment of relational depth can make a positive contribution to therapeutic outcome.

2.3 Online therapy

2.3.1 Development of online therapies

Online counselling is considered a subset of telemedicine, which first emerged in the 1960s by medical professionals who came to routinely use technology in order to facilitate both the diagnosis and treatment of patients, and not merely to communicate with patients (Tsalavouta, 2013). Today telemedicine is defined as:

the remote medical diagnosis and treatment of patients by means or with the aid of telecommunications technology, e.g. by use of the telephone or videoconferencing for consultation, remote-controlled robotic assistance in specialist surgery, etc.’ (Oxford English Dictionary, 2013 p.153, para. 1)

Online counselling dates from the late 1990s (Tsalavouta, 2013). The earliest reference to professional online therapy in the literature appears to be Sherman’s (1991, cited by Tsalavouta, 2013) mention of the East Coast Hang Out (ECHO) online service, which provided its members fee-based online therapy via e-mail (Tsalavouta, 2013). However, it was not until the late 1990s and early 2000s that the frequency of references to online counselling began to appear in the counselling literature, and since then the number of online therapists have grown significantly (Tsalavouta, 2013). In 2000 there were only 300 recognised online counsellors (DuBois, 2004). This increased to as many as 5000 in 2004 (DuBois, 2004) and the number was over 50,000 by 2012 (Hanley, 2012). Today, just under 90% of counsellors and psychotherapists registered on Counselling Directory offer online, email or telephone counselling services (Counselling Directory, 2016).

Different definitions of therapy provided by the internet exist (Tsalavouta, 2013), such as e-therapy, online therapy, internet therapy, and cyber-therapy, and sometimes it is referred to as e-health or tele-health, as a part of more general activities (Barak et al, 2008). There are, however, several major factors that separate the different ways therapy is conducted via the internet. One of these has to do with the online intervention method employed (Tsalavouta, 2013). Barak, Klein and Proudfoot (2009) determined that there were four basic mental

health interventions online: ‘(1) web-based interventions; (2) online counselling and therapy; (3) Internet operated therapeutic software; and (4) other online activities (e.g. as supplements to face-to-face therapy)’ (p. 5). A second major factor has to do with whether an intervention is delivered in ‘real-time’ (synchronously) or is delayed (asynchronously). A third important factor concerns the mode of communication, whether conducted textually, by audio only, or by video (webcam) (Barak et al., 2009). Ainsworth, 2001 describes five main approaches to conducting therapy via the Internet, these are; e-mail, secure web-based message systems, real-time text exchange (chat), videoconferencing, and voice over Internet phone, with e-mail being the most common (Ivey, D’Andrea and Ivey, 2011). Other important distinctions have to do with therapeutic approach and individual versus group mode, terms normally associated with traditional, face-to-face therapies (Barak et al., 2008).

2.3.2 Benefits and limitations of online therapy

There are many potential benefits of online therapy. It can reach individuals who would otherwise be difficult to reach, such as those who do not seek help because of shame or fear of stigmatization or those individuals living in remote areas (Burns, Durkin and Nicholas, 2009). The online disinhibition effect refers to the occurrence of less social self-controlled behaviour online than in an off-line environment (Johnson, 1998, retrieved from Tsalavouta, 2013). It can enable the client to discuss openly and honestly aspects of their life which they might not feel comfortable doing in the presence of their therapist (Suler, 2004), thus allowing core issues to be discussed even from the first exchange of e-mails (Tsalavouta, 2013). This has been found to help with developing rapport and facilitating the therapeutic relationship (Suler, 2004 retrieved from Tsavalouta, 2013). Another advantage of online therapies, particularly with counselling via text (for example e-mail or chat/IM), is that they allow clients to externalise their problems through the process of writing about their issues. This in turn assists in providing some degree of distance, thus promoting therapeutic change (Murphy and Mitchell, 1998).

Another potential advantage of online therapy, specifically email therapy, is that clients are able to write to their therapist when feelings arise rather than waiting to the next session as would happen in face to face therapy (Murphy and Mitchell, 1998 retrieved from Tsavalouta, 2013). Similarly, when both client and therapist use the same type of communication, it means that the counsellor is perceived as less of an authority figure (Owen, 1995, cited in Rochlen, Zack and Speyer, 2004), and allows for a more equal and collaborative relationship

to develop online (Speyer and Zack, 2003). Nagel (2008, retrieved from Tsalavouta, 2013) described an online chat room environment as being more value-free than conducting therapy with her clients in the traditional office setting, because of the fact that she made fewer value judgments of online clients due to having fewer sensory cues to serve as the basis for such judgments.

Finally, online therapy via asynchronous communication, allows for reflection for both clients and counsellors, (Tsalavouta, 2013) with both parties being able to maintain full text records which can be looked at years later (Chechele and Stofle, 2003 retrieved from Tsalavouta, 2013). Suler (2000) called this the ‘zone of reflection’.

However, online therapy is not without its limitations or doubts, with the most commonly reported concern being that it is not a substitute or equivalent to face-to-face therapy (Skinner and Latchford, 2006). Many professionals have worried that counsellors might not be able to interpret clients’ emotions, ideas or values in an online setting as compared to face-to-face counselling (Moritz, Wittekind, Hauschildt, and Timpano, 2011) which can allow for misunderstanding between counsellor and client (Kraus, Stricker and Speyer, 2010). Issues of whether warmth, caring, and compassion can be communicated via text and the lack of non-verbal information via that medium have also been raised (Tsavalouta, 2013). Having no access to nonverbal cues that are without doubt extremely important ingredients in the counselling process (Rocheln et al., 2004) may rule out highly experiential therapeutic approaches that require in-person presence (Alleman, 2002).

Critics of online counselling state that the absence of traditional in-person communication cues makes online therapy difficult for clients to deal with (Tsalavouta, 2013). Clients with “poor ego strength or paranoid tendencies may suffer from the loss of reassuring visual and auditory cues” (Rocheln et al., 2004) which means that they might not gain the same value online as when face-to-face (Rickwood, 2010 retrieved from Tsavalouta, 2013). Although time delay was cited as an advantage above, therapy conducted via asynchronous communication, for example email, may increase client’s anxiety and leave them wondering about the meaning of unexplained delays in a therapist’s response (Rocheln et al., 2004). Suler (2002a) calls this the ‘black hole phenomenon’.

Security and confidentiality of client records is a huge concern when offering therapy over the internet, with the risk of divulging sensitive information increasing if therapists are not

aware of Internet protocols and utilisation of encryption solutions (Grohol, 1999). Finally, many critics argue about legal and ethical concerns associated with the delivery of mental health services via the Internet (Rocheln, et al., 2004), such as the appropriateness of client anonymity as well as issues related to administering therapy across jurisdictional boundaries, legal responsibility in the event of a crisis, and, among other concerns.

2.3.3 Current online practice standards

The current set of guidelines from the BACP (2009) offers guidance to practitioners offering counselling and psychotherapy via the internet. The guidelines strongly recommend that any practitioner offering therapy online should undergo further specialist training which incorporates theoretical, practical and ethical considerations of online work and include experiential elements. The guidelines also suggest that practitioners remain informed and up to date with current research in the field of online therapy and join an organisation such as the International Society for Mental Health Online (ISMHO), the Association for Counselling and Therapy Online (ACTO), or the Online Therapy Institute, as these organisations are dedicated to the understanding and development of online mental health research (BACP, 2009). The guidelines also detail the importance of clients being able to verify a practitioner's identity as well as being able to give informed consent prior to engaging in online therapy. They also highlight how it is the responsibility of the online practitioner "to ensure that all spam blocking software, anti-virus software, encryption software, firewalls, pop-up blockers, anti-tracking/marketing devices and other technological tools remain up-to-date and do not interfere with the therapeutic process for the client" (BACP, 2009). The relevance and importance of assessing client suitability for online work as well as the assessment of one's own competencies for undertaking work with a particular client or client group is also covered in the document.

In addition to the BACP guidelines The Health Insurance Portability and Accountability Act (HIPPA) of 1996 provides data privacy and security provisions to ensure that individuals' medical information is adequately protected. However, the use of Skype for online therapy is not HIPPA compliant as it is unclear what Skype does with user data. Skype is also at risk of being hacked and as the records of a Skype call remain on a person's computer, confidentiality is at risk of being breached. Instead it is recommended that therapist's use a HIPPA compliant platform when offering online therapy.

2.4 The therapeutic relationship

Norcross and Lambert (2011a) in their paper devoted to evidence-based therapy relationship elements, adopt Gelso and Carter's (1994) operational definition of the therapy relationship to frame their research, namely: 'The relationship is the feelings and attitudes that therapist and client have toward one another, and the manner in which these are expressed'. This will be the definition adopted throughout this research when referring to the therapeutic relationship. In the same paper Norcross and Lambert (2011a) highlight the alliance between treatment methods and the therapeutic relationship, together with the inseparability of the approach used from the interpersonal style of the therapist.

However, in spite of this reciprocity it is the therapeutic relationship that is one of the most important predictors of therapeutic success, independent of therapeutic orientation or therapeutic setting (Norcross and Wampold, 2011). However, each therapeutic modality places different levels of importance on the therapeutic relationship. These are discussed below.

Rogers (1957), the founder of Client Centered Therapy, believed that the relationship a therapist has with their client is of utmost importance and that positive psychological change will occur if the relationship meets his six necessary and sufficient conditions:

1. Two persons are in psychological contact.
2. The first, who we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 1957, p. 96)

Indeed, Rogers (1957) believed that irrespective of the type of psychological approach employed, if the relationship between client and therapist possessed the same qualities, and in

the same measures as those offered within a person-centred therapeutic context, then change was guaranteed.

The three core conditions, conditions 3, 4 and 5, are associated with the action and experiences of the therapist and are those most often referred to within other therapeutic orientations (e.g. Egan, 1998) as well as providing the focus for much research and analysis (e.g. Norcross, 2002; 2010; 2011a). Rogers (1957), advocated for the conditions of empathy, congruence and unconditional positive regard to be personal attitudes or attributes 'experienced' by the therapist and communicated to the client, rather than skills to be acquired, if therapy is to be a success (Gillon, 2007). For Rogers, being with the client and entering into an experiential relationship with them is more preferable than intellectual expertise professionalism.

In Psychodynamic Therapy the relationship between therapist and client plays an important role in supporting the client to understand themselves better through the use of transference (Freud, 1912). The analyst uses themselves in the relationship in order to help the client make sense of and explore their condition as well as indicate how they behave in other relationships outside of the therapy room. However, unlike Person-Centred Theory, the relationship is not viewed as the vehicle of change. Instead it is utilised as a tool by the therapist to create change.

In Cognitive Behavioural Therapy (CBT) it has been proposed that the therapeutic relationship reflects interpersonal schemas, earlier attachment problems, emotional processing, failures in validation and compassion, and a variety of processes underlying non-compliance or resistance (Gilbert and Leahy, 2007). Some theorists (Samstag, Safran, Muran and Stevens, 2002; Katzow and Safran, 2007) believe that through the resolution of ruptures in the therapeutic relationship, cognitive and emotional problems can be corrected, and that it is the relationship which is used to achieve this. However, in CBT there is the risk that the relationship may be compromised by the techniques and protocols used, and the preferred order of importance of the three parts of the therapeutic alliance are goal, task and bond (Bordin, 1979). Again, as with psychoanalytic practice, Cognitive Behavioural Therapists who are mindful and accept the usefulness of the relationship, do so with the view that it is a supportive facet to the techniques that are being offered. It is not viewed as a therapeutic agent in itself (Gibbard and Hanley, 2008).

In more general terms, research by Lambert and Barley (2002) found that the therapy relationship accounts for as much of the outcome variance as particular treatment methods, especially after the effects of researcher allegiance to treatment are accounted for (Luborsky et al., 1999). In addition, a series of meta-analyses undertaken by the American Psychological Association Division for the Psychotherapy Task Force, concluded that the therapy relationship ‘makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment’ (Norcross and Lambert, 2011a, p. 99). Thus, evidence based practice guidelines have been criticised for only validating treatments which have produced a desired result or which use certain interventions, as opposed to the therapy relationship or therapist interpersonal skills (Norcross and Wampold, 2011). ‘This decision both reflects and reinforces the ongoing movement toward highly quality comparative effectiveness research (CER) on brand name psychotherapies’ (Norcross and Wampold, 2011).

The above research points to a relationship between the therapeutic relationship in face-to-face therapy and therapeutic outcomes. However, the studies which have looked at the relationship in the online realm have found conflicting evidence. This is outlined below.

2.5 Therapeutic relationship in online vs face-to-face therapy

There have been a number of recent studies that have investigated the therapeutic relationship in online therapy. A number of authors (e.g. Goss and Anthony, 2006; Bambling, King, Reid, and Wegner, 2008) have highlighted their concern about the ability to re-create the important qualities of the face-to-face relationship that lead to change in an online environment without the benefit of contextual and nonverbal cues. A considerable number of online clients have also reported dissatisfaction with the therapeutic alliance in an online context (Hanley, 2009; Hufford, Glueckauf, and Webb, 1999), and in a study by Mallen, Day and Green, (2003) clients reported higher ratings of disclosure, closeness, and satisfaction in face-to-face therapy experiences compared to clients who had received online therapy.

Additionally, in a study by Liebert, Archer and Munson (2006), which examined clients’ perceptions of the therapeutic alliance and client comfort levels in online counselling (e-mail and chat) with face-to-face counselling, the results showed that working alliance levels and satisfaction were inferior to face-to-face counselling. Finally, Lewis, Coursol, and Wahl (2003) looked at clients’ and counsellors’ experiences of cyber-counselling, and found that

although clients and counsellors reported a good relationship, they did not feel emotionally connected. This paralleled the findings of Mallen's (2003) study.

In opposition to the studies above, Hanley and Reynolds (2009) reviewed five quantitative based research studies containing a total of 161 clients. The studies, with the exception of one (Prado and Meyer, 2006), compared their data to face-to-face comparison groups, and found that good therapeutic alliances can be developed online. Indeed, three of the four studies (Cook and Doyle, 2002; Knaevelsrud and Maercker 2006, Reynolds, Stiles and Grohol, 2006), which made comparisons with face-to-face groups found similar if not higher scores in the online sample.

Another study by McKenna and Bargh (2000), also provides evidence that therapeutic relationships online can resemble therapeutic relationships in face-to-face therapy, and that disinhibition effects can help facilitate that process. McKenna and Bargh (2000) found that individuals who were lonely, socially anxious and struggling with forming relationships in person were more likely to develop relationships online, as well as perceiving the internet setting as safer and under their control. This correlates with Suler's (2004) disinhibition effect, where people reveal more of themselves in a more open way when in private compared to face-to-face exchanges. It also feeds into the type of clients who choose to have online therapy and whether personal variables affect the development of the therapeutic alliance.

Previous findings have reported that more women than men use the Internet for mental health information and services (Powell, 1998, Fox, Rainie, et al., 2000; Stubbs, 2000) and those with higher incomes tend to be over represented in the Internet population (Rainie, et al., 2001). However, Rochlen, Land and Wong (2004) found that men who wanted to use online counselling over face-to-face counselling were likely to have a higher than average level of emotionality. Finally, Cook and Doyle's (2002) research found that the type of problems which people present does not significantly impact working alliance scores. This imitates previous research findings on working alliance development in face-to-face therapy, showing that the severity and type of client presenting problems are unrelated to the working alliance (Horvath, 1995; Kokotovic and Tracey, 1990).

It is clear from the studies above that the findings thus far on the therapeutic relationship online are varied and conflicted. Counselling psychologists value base is underpinned by the

therapeutic relationship (BPS, 2005), therefore, it is essential that if this medium of online communication with clients is to be used, more research into this area is needed.

2.6 Effectiveness of online therapy

2.6.1 Internet-based therapy

A comprehensive meta-analysis of the effectiveness of internet-based psychotherapeutic interventions was conducted by Barak et al., in 2008. Their study collected all of the empirical evidence up until March 2006 that examined the effectiveness of different forms of online therapy. A total of 92 independent studies with a combined total of 9,764 clients were included in the review. A variety of internet-based psychological interventions, and a range of problems and measures existed across the studies analysed. Barak et al., (2008) detailed a number of conclusions from their review.

First, they stated that internet-based therapy, on average, is as effective, or nearly as efficacious, as face-to-face therapy (Barak et al., 2008), with a medium effect size being found for both in-person therapy and therapy delivered via the Internet when compared in the same study. Second, findings highlighted that in most cases, online therapy can be delivered effectively by using various Internet applications and exploiting several online communication options. However, they found that CBT was more effective than other therapeutic approaches applied online, with behavioural techniques being deemed much more inferior. It was also found that Internet-based interventions are more effective in treating psychological problems such as PTSD, panic and anxiety, and less suited to treating physiological or somatic disorders. A final conclusion was that young (19–24) and mid-range adults (25–39) seem to gain more from Internet-based therapy than youth (18 or younger) or older (40 or older) adults.

In addition to the Internet being an acceptable and effective means for treating PTSD, panic and anxiety, Aardoom et al. (2013), in a systematic review of 21 studies, found that Internet-based treatments were superior to waiting lists in reducing eating disorder psychopathology, frequency of binge eating and purging, and in improving (eating disorder related) quality of life. The National Institute for Clinical Excellence (NICE) Guidelines for good practice now feature computerised cognitive behavioural therapy (CCBT) as one of the recognised treatments for both mild to moderate depression and the treatment of phobias (NICE, 2006).

Finally, several controlled trials indicate that self-management web interventions are effective for problem drinkers. Web interventions specifically based on motivational and cognitive-behavioural principles, lead to greater reductions in drinking than online alcohol education (Riper et al., 2008), alcohol prevention programs and wait list groups (Pemberton et al., 2011).

2.6.2 Telephone-based Therapy

There is also a substantial body of evidence which supports and shows the effectiveness of telephone-based support as a treatment option. Leach and Christensen (2006) conducted a systematic review of 14 telephone-based interventions for depression, anxiety, eating disorder and substance abuse, and found that telephone interventions can be effective. However, they urged that this conclusion be held lightly as the studies reviewed had small sample sizes and lacked randomised controlled trials, therefore preventing firm conclusions from being drawn.

A number of studies have also examined the telephone as an adjunct to face-to-face therapy. A small four-person study by Lovell, Fullalove, Garvey and Brooker (2000) discovered that OCD symptoms improved in three out of the four participants when an initial face-to-face treatment session was followed up by eight weekly telephone therapy sessions and a final face-to-face session. Other studies have also found that telephone counselling, used in conjunction with face-to-face counselling, has been successful for clients attempting to quit smoking (Lichtenstein, Glasgow, Lando, Ossip-Klein and Boles, 1996; Mermelstein, Hedeker and Wong, 2003; Míguez, Vázquez and Becoña, 2002; Smith, Reilly, Miller, DeBusk and Taylor, 2002). Moreover, case studies have demonstrated that telephone counselling could be effective in helping individuals deal with the psychological effects of cancer (Rosenfield and Smillie, 1998).

Although the above studies indicate positive findings for the effectiveness of both Internet therapy and telephone therapy on reducing symptoms in a range of disorders, the majority of research has targeted CBT interventions, a modality which places little emphasis on the healing properties of the relationship. Therefore, research which looks at a variety of psychological modalities and not just CBT is important in order to determine whether online counselling is a useful treatment option for counselling psychologists and their clientele. The following study aims to do this.

2.7 The experience of relational depth in face-to-face therapy

Counselling psychology as a profession is underpinned by humanistic values and therefore views the therapeutic relationship as an integral mechanism for change. The concept of relational depth is an important part of that process and ‘can be seen as an upward extension of working alliance and the facilitative conditions, beyond ‘good enough’ to higher levels of relational quality’ (Wiggins, Elliott and Cooper, 2012 p. 140). It is only in recent years, however, that researchers have turned their attention to the value of those moments of in-depth client-therapist relating (Knox, 2011). As yet there is little empirical evidence to prove the value of moments of relational depth (Knox, 2011), but what little evidence there is does suggest a positive value to the client.

2.7.1 Therapists’ experiences

Cooper’s (2005) research into therapists’ experiences of relational depth indicated that such moments allowed a greater degree of genuineness and transparency on the part of the client, permitting them to bring a side of themselves to the interaction which the therapist had not previously seen. Therapists also described the relationship during moments of relational depth as one of mutuality and co-reflexivity, with a real sense of mutual acknowledgment and intimacy. The relationship was also described as ‘two-way’ (p. 92), a meeting where ‘neither they nor their clients were wearing any masks’ (p. 92), and where they were ‘touching souls’ (p. 92). Therapists also described experiencing heightened feelings of empathy, congruence and acceptance, as well as a feeling of immersion and greater perceptual clarity. The view that the experience was difficult to describe was also often stated.

A sense of aliveness, energy and exhilaration during a moment of relational depth was a common feature reported across therapist studies (Cooper, 2005, Morris, 2009, Connelly, 2009, Macleod, 2009) as well as ‘a heightened awareness and a greater perceptual clarity’ (Knox, Murphy, Wiggins & Cooper, 2012 p. 68). The experience of the other was one of genuineness and realness with feelings of ‘connection, closeness and intimacy’ (Knox, Murphy, Wiggins & Cooper, 2012 p. 69). In addition, high levels of mutuality, reciprocity and equality were also experienced (Knox, Murphy, Wiggins & Cooper, 2012). Finally, the moment itself was described as ‘unique, rare or strange’ (Knox, Murphy, Wiggins & Cooper, 2012, p. 70).

2.7.2 Clients' experiences

The first study to specifically explore clients' experiences of relational depth was McMillan's and McLeod's (2006) qualitative investigation in which participants reported experiencing identifiable moments of connectedness with their therapist, which they described as 'states of flow' (p. 286), and which were considered as being highly memorable and significant events within their overall therapy. In these moments, participants also spoke of experiencing 'an altered awareness of time, reality and self-boundaries, a sense of profound exploratory immersion in their own issues, and an awareness of communicating on a different level with the therapist' (p. 286). Although the focus was on themselves within these moments, participants also described a deep connection to, and awareness of, their therapist's presence, with some describing the feeling that 'we were the only two people in the world'. However, the descriptions of relational depth reported by participants in this study differed from Mearns & Cooper's (2005) working definition of relational depth with the key difference being that clients in McMillan & McLeod's (2006) study felt that an enduring experience of connectedness was most significant for them.

Knox's (2011) study reported similar client experiences when asked about specific moments of relational depth with their therapist in individual, face-to-face counselling. Participants' experiences of themselves during the described moments included feeling real, open, deeply understood and wholly accepted. Their therapists were experienced as open, holding, accepting, being real, and offering something over and above what they had expected from a professional therapeutic relationship. The relationship was seen as emotionally close with an understanding beyond words, and the moment itself was described as in another dimension, with a sense of spirituality, healing and empowerment. Clients also described the moment of relational depth as a catalyst, viewing them as highly significant moments in therapy, with a positive effect both on the therapeutic process and on their lives after the therapy had ended. The most significant factors defining a moment of relational depth in Wiggins (2008) study were experiences of love, connectedness and intimacy.

Knox, Murphy, Wiggins & Cooper, (2012) review the literature on what it is like to experience relational depth and there is a clear overlap between therapist and client experiences. Just like the therapist studies, clients who have experienced relational depth also reported a sense of 'empowerment, energy and revitalisation' (Knox, Murphy, Wiggins & Cooper, 2012, p. 68) as well as a sense of being 'very authentic, real, congruent and open'

during these moments (Knox, Murphy, Wiggins & Cooper, 2012, p. 68). There was also a sense of time speeding up or slowing down and feelings of ‘satisfaction, happiness, wellbeing and warmth (Knox, Murphy, Wiggins & Cooper, 2012, p. 69). Again similar to what therapists reported, clients who experienced relational depth reported a sense of ‘equality, partnership, or of being on a journey together’ (Knox, Murphy, Wiggins & Cooper, 2012, p. 69). Finally, the moment itself was described as ‘surprising, unexpected and difficult to put into words’ Knox, Murphy, Wiggins & Cooper, 2012, p. 70).

All of the above studies have focused on the nature of client and therapist experience in traditional face-to-face counselling. As highlighted above, both clients and therapists report very similar experiences in those moments of profundity but as yet there have been no studies which look at the nature of the experience of relational depth in online therapy. The aim of this study is to address this gap in the research and to look at clients’ experiences of relational depth via online therapy.

2.8 Factors that facilitate experiencing relational depth in face-to face-therapy

Similar to the literature on the nature of experiencing relational depth, the majority of research on what facilitates a meeting at relational depth focuses on therapists’ views. Mearns and Cooper (2005) propose that a therapist can ‘prepare the ground for relational depth’ (p. 127) by doing a number of things, including minimising possible distractions through adequately preparing both themselves and their counselling environment, giving up their own ‘aims’ and ‘lust’ for relational depth (p. 114), actively listening to the client, letting go of therapy techniques, and sharing with the client their own ‘here and now’ experiences (p.129). These ideas link back to Rogers’ (1959) suggestion of ‘being with’ rather than ‘doing to’ the client, alongside embodying these attributes rather than constructing them as learned skills and techniques.

The research that has looked at what clients felt facilitated a meeting at relational depth have all reported very congruent findings and descriptions. In McMillan’s and McLeod’s (2006) research, clients had to perceive their therapist as open, real, competent and able to deal with their material before making a decision to engage with them. These findings were echoed by Knox (2011) in her study, where she found that clients described the therapists whom they had related to at depth as being reliable, professional, open, psychologically strong, and comfortable with their own selves.

Genuineness from both the client and the therapist was deemed to be hugely significant in helping reach relational depth. In McMillan's and McLeod's (2006) study, clients reported that during those moments there was a sense of 'letting go', dropping their protective stance, and taking a leap of faith (p. 282). Clients also described their therapist as 'going the extra mile', 'not playing a role', and caring about them. In Knox's (2011) study, clients seemed to experience relational depth when they felt their therapist was genuinely interested, offered sincere care, and tried their best to fully understand. A feeling of humanness was also noted, with the client feeling that their therapist was offering something 'over and above' their professional role.

Other facilitating factors included the therapist being warm, empathic and courteous as well as being patient, understanding and present. These findings parallel a study carried out by Lietaer (1992), looking at helpful and hindering processes, in which the therapist's involvement, warmth and understanding were seen as helpful factors by clients.

McMillan and McLeod (2006) highlight how many clients might actively seek to relate at a greater depth and therefore therapists should be aware of how to allow this depth to grow in relationships. They also highlight the possibility that the perceptions of client and therapist about what is going on within the relationship might differ significantly.

2.9 Factors that may facilitate experiencing relational depth in online therapy

The aim of this study is to explore from a client's point of view what they found facilitating or inhibiting when meeting their therapist at a level of depth in online therapy. It is anticipated that a number of facilitative factors may emerge in keeping with the face-to-face therapy literature, but other factors which link with the advantages and disadvantages of online therapy may also be uncovered.

For instance, trust has been found to play a part in developing a deep connection with another via the Internet. Feltcher-Tomenius and Vossler (2009) conducted a qualitative exploration of the nature of trust in the online relationship with counsellor participants, and identified anonymity as an important factor, which may influence and enhance trust. Parks and Roberts (1998) cited Thibaut's and Kelley's (1959) stranger-on-the-train phenomenon, whereby anonymity facilitated rapid and deep disclosure. They hypothesized that self disclosure would

be greater in online communication than face to face communication due to the anonymity it afforded as well as having time to respond in a more clear and thoughtful way.

Self-disclosure has been held to be an essential ingredient in a successful relationship (Jourard, 1971), with many arguing that self-disclosure is increased on the Internet (Joinson, 2001). The 'disinhibition effect' upon which Suler (2004) writes may facilitate self-disclosure and thus relational depth, as it has been found that people say or do things more openly and with less restraint in cyberspace than in face-to-face environments. This was cited earlier in the Chapter in relation to Cooke's and Doyle's (2002) investigation, which found disinhibition to be the theme discussed most by client participants in their study, who welcomed the freedom to express themselves without embarrassment or fear of judgement.

Hanley (2009) in his study of the use on an online service for 11-25 year olds found the concept of 'telepresence' as 'a central factor in developing relationships of appropriate depth' (p. 259). Telepresence is defined by Rochlen, Zack and Speyer (2004) as the 'feeling (or illusion) of being in someone's presence without sharing any immediate physical space' (p. 272). It has been suggested that text-only talk may cut through distracting and superficial aspects of the person and connect psyche to psyche in a more direct way (Suler, 1997). This idea has been described by Roy and Gillett (2008) in a single case-study where email communication enabled a 17-year-old female client with severe and enduring depression, who had previously been unable to form an alliance through face-to-face contact, to engage effectively with a psychiatrist. They proposed that a status shift was enabled between psychiatrist and client due to the time and control gained by the client in asynchronous exchanges.

2.10 Factors that may inhibit the experiencing of relational depth in online therapy

It is also likely that reaching relational depth online may be constrained by a number of aspects. Firstly, the impact of the loss of cues on the process of therapy, and the lack of nonverbal communication (Banach and Bernat, 2000; Hackerman and Greer, 2000), something which is deemed critical to the development of relationships and intimacy (Altman and Taylor, 1973) and necessary in counselling relationships (Alleman, 2002). In a study involving interviews of 16 experienced HIV/AIDS counsellors using the Internet, the absence of visual and verbal cues reportedly interfered with the formation of rapport and a 'safe place' for counsel (DeGuzman and Ross, 1999). In addition, a study by Liebert et al., (2006),

which looked at the advantages and disadvantages experienced using online counselling, the largest category of disadvantages were deficits in the counselling relationship caused by either the absence of body language or the loss of personal contact with a therapist. For instance, participants reported: 'The downside is that there is a lack of humanity when communicating through a computer, which can be unsettling', and 'There isn't anyone to comfort you when you are alone'. Therefore, a significant challenge for online counselling is the clear lack of physical presence.

Knox (2011) looked at clients who did not experience relational depth with their therapist and what it was that inhibited this from happening. In her study, clients who did not experience relational depth described their therapist as cold, distant, uncaring and failing to understand or invite them into deeper levels of relating (Knox, 2011). In MacLeod's (2008) study into relational depth with clients with learning difficulties, participants reported therapists as being too rigid in their own model as opposed to being creative. Although these studies are in relation to inhibiting factors of relational depth in face to face therapy, the findings may also be applicable for online therapy.

Mearns and Cooper (2005) also point to the risk of therapists wanting their clients to feel better as a potentially inhibiting connection at relational depth. They cite the temptation for the therapist of a depressed client to reflect back more of their feelings of hope for the future, than of their feelings of hopelessness, an approach which is likely to reduce the possibility of an encounter at relational depth. In their second co-authored paper on the subject Mearns and Schmid (2006) explored the challenges both to the therapist and to the client in meeting each other at a level of relational depth.

Finally, Knaevelsrud and Maercker (2007) found that in their study investigating internet-based treatment for PTSD, the most frequent reported reasons for dropping out of online therapy was technical problems (network and computer) and emotional distress due to their writing about their stressful events. Therefore, these factors may hinder relational depth occurring.

2.11 Conclusion

The literature regarding the therapeutic relationship in online therapies is varied and conflicting and therefore indicates the need for more research to be done. As a profession, counselling psychologists need to be aware that the world in which we live is becoming more

and more digital. Clients' needs are changing and thus the way therapy is being delivered is changing. Evidence based practice seems to be dominating the future of mental health care, therefore it is imperative that counselling psychologists provide confirmation that a holistic relational model of care can bring about therapeutic change so that we can ensure our involvement in the provision of new services, and help shape how they are delivered.

In more specific terms, working relationally is what underpins many counselling psychology training courses and the day-to-day work with clients. Working and achieving relational depth is an integral part of the work, yet the research thus far on what facilitates and inhibits relational depth in both offline and online therapy is scarce, indicating a requirement for further research into this field. This research addresses this gap by offering more understanding into this new arena of psychology and also contributes to the existing literature.

Chapter 3. Methodology

3.1 Chapter overview

This Chapter outlines the aims, the epistemological underpinnings of the study, and the rationale for adopting a mixed methods research design. The specific methods chosen for data collection and analysis are discussed, alongside a critique of alternative approaches. The Chapter concludes with a synopsis of the procedural elements of the study, together with ethical considerations.

3.2 Study aims

The aims of this study were to contribute rich and clinically relevant findings as well as adding something contemporary and innovative to the field of relational depth and internet therapy. The objectives of the study were;

- 1) To identify the extent to which relational depth can be experienced in online therapy.
- 2) To identify the phenomenological nature of the experience of relational depth in online therapy.
- 3) To identify factors that may facilitate the experiencing of relational depth in online therapy.
- 4) To identify factors that may inhibit the experiencing of relational depth in online therapy.

3.3 Research design

A mixed methods research design has been implemented for the purpose of this study in order to try and establish answers to the research aims set out above. The quantitative arm will help evaluate the extent to which relational depth can be reached in online therapy, while Interpretative Phenomenological Analysis (IPA) will help examine and explore participants' experiences of relational depth in online therapy as well as the factors which facilitate and inhibit the occurrence of such experiences.

Quantitative data collection will precede qualitative data collection with analysis being reviewed and discussed separately. I reiterate that my position within the qualitative arm is

interpretivist as the claims I make are only ‘experience close’ (Smith, Flowers and Larkin, 2009, p. 33) rather than reality as it really is.

3.4 Epistemological position

As a scientist practitioner, I am interested in both individual experience as well as evidence based research. I am neither a qualitative or quantitative purist, positioning myself instead as a pluralistic researcher and pluralistic therapist, believing that a multitude of concepts, interventions and research methods can exist. ‘Quantitative purists’ (Ayer, 1959; Maxwell and Delaney, 2004; Popper, 1959; Schrag, 1992) articulate assumptions that are consistent with what is commonly called a positivist philosophy’ (Johnson and Onwuegbuzie, 2004 p.14). They believe that social science inquiry should be objective, time and context free, and that real causes of social scientific outcomes can be determined reliably and validly (Johnson and Onwuegbuzie, 2004). They also encourage researchers to remain ‘emotionally detached and uninvolved with the objects of study’ (Johnson and Onwuegbuzie, 2004, p. 14), in order to adopt an impersonal passive writing style, using technical terminology that principally focuses on establishing and describing social laws (Tashakkori and Teddlie, 1998).

‘Qualitative purists’ (Johnson and Onwuegbuzie, 2004, p. 14) on the other hand, reject positivism and tend to be more associated with constructivism, idealism, relativism, humanism, hermeneutics and sometimes, postmodernism (Guba and Lincoln, 1989; Lincoln and Guba, 2000; Schwandt, 2000; Smith, 1983, 1984). They believe that multiple constructed realities exist, that time- and context free generalisations are neither desirable nor possible, that research is value-bound, and that logic flows from specific to general, for example explanations are generated inductively from the data (Johnson and Onwuegbuzie, 2004).

As a counselling psychologist working within the NHS, my work is embedded within a humanistic relational framework, and thus the idea of emotionally detaching myself from my research subjects and quantifying an experience solely based on outcome measures and numbers would be a struggle. However, I am also aware of the value of evidence based research and evidence based practice, particularly within an organisation like the NHS as it is a means of ensuring that clients are offered evidence based treatment within an ethical framework, and in accordance with national guidelines.

As a researcher and a therapist, I seek to help to ‘give voice’ (Larkin, Watts and Clifton, 2006) to subjective client experiences, whilst at the same time evidencing these findings and allowing inferences to be drawn to the wider population. I also appreciate that reality can only be partially measured and understood (Madill, Jordan and Shirley, 2000), and so this is always held in mind when conducting and reading research studies. A pluralistic epistemological position allows myself as researcher to not favour one approach over another, but to combine approaches that offer the opportunity to both draw generalisations and explain the subjective phenomena of relational depth.

Pluralism can be defined as the philosophical belief that ‘any substantial question admits of a variety of plausible but mutually conflicting responses’ (Rescher, 1993, p. 79). It is an ethical commitment to valuing diversity and a wariness towards monolithic, all consuming ‘truths’ (Cooper and Dryden, 2015). Pluralistic research therefore denotes that there is no absolute truth or no ultimate methodology. Instead, it promotes an openness to a range of paradigms or analytic techniques to promote diversity and understand different lines of research inquiry and outcomes.

‘The value of pluralistic approaches seems to be in the opportunity they offer to tap into the various dimensions of individual experiences that does not limit the narrator to being a phenomenological, realist, or postmodern subject alone but might instead be understood as combination of ontological positions.’ (Frost and Nolas, 2011, p. 116)

I consider that mixed methods research design will help bring different vantage points to this research and allow a combination of important ideas from competing paradigms and multiple values into a new socially agreed upon whole (Johnson, 2014 cited in Shaw and Frost, 2015).

3.5 Mixed methods research

Mixed methods research is formally defined as:

...the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study. Mixed methods research also is an attempt to legitimate the use of multiple approaches in answering research questions, rather than restricting or constraining researchers’ choices (i.e., it rejects dogmatism). It is an expansive and creative form of research, not a limiting form of research. It is inclusive, pluralistic,

and complementary, and it suggests that researchers take an eclectic approach to method selection and the thinking about and conduct of research'. (Johnson and Onwuegbuzie, 2004, p. 17–18)

When both quantitative and qualitative data are included in a study, researchers may enrich their results in ways that one form of data does not allow (Brewer and Hunter, 1989; Tashakkori and Teddlie, 1998), as it permits the 'opportunity to compensate for inherent method weaknesses, capitalise on inherent method strengths, and offset inevitable method biases' (Greene, 2007, p. xiii). In addition, using a mixed methods design allows researchers to gain a deeper understanding of the phenomena in question as well as generalise results from a sample to a population (Hanson, Creswell, Clark, Petska, and Creswell, 2005).

3.5.1 Epistemology of mixed methods research

Mixed methods research involves a synthesis of two separate epistemological positions which has been criticised for being incommensurable (Kuhn, 1996, cited in Teddlie and Tashakkori, 2009), in that data from one paradigm cannot be directly compared to data from another (Hardiman, 2015) as it postulates an acceptance of two different 'truths'.

However, mixed methods design in Counselling Psychology has been reviewed by Hanson et al., (2005), and their use has been encouraged with many scholars describing mixed methods research as a legitimate, stand-alone research design (Datta, 1994; Tashakkori and Teddlie, 1998, 2003) with a pragmatic philosophy at its centre. The mixed methods research literature also outlines pragmatism as the favoured paradigm.

A pragmatic philosophy values both objective and subjective knowledge (Cherryholmes, 1992) and believes that, 'regardless of circumstances, both qualitative and quantitative methods may be used in a single study' (Hanson et al., 2005, p.226). It posits that individual researchers have a freedom of choice over the methods, techniques and procedures they choose depending on which method best meets their needs. According to the pragmatist thinker Jerome Bruner (1990), pragmatism is inextricably linked to pluralistic values and pluralism is the goal of pragmatism. He writes: 'all one can hope for is a viable pluralism backed by a willingness to negotiate differences in world-view' (p. 30). He believed that 'the ideal pragmatist attitude is not merely open to new evidence, but truly pluralistic—that is, pragmatism results in a multiplicity of beliefs; as such, pragmatic inquiry generates knowledge not of the self, but of multiple selves' (Stone, 2006, p. 555).

As mentioned above, the philosophical foundation which I position myself within is pluralism. As indicated, pragmatism is consistent with this view in that it represents a body of shared beliefs (Teddle and Tashakkori, 2009), and acknowledges the value of ‘inductive, deductive and abductive logic in research, allowing the logical positions of both quantitative and qualitative research to coexist’ (Hardiman, 2015, p37). I acknowledge that by choosing mixed methods approach I am ultimately upholding paradigmatic separatism and choosing one approach over another. However, I believe that a pragmatic paradigm enables an amalgamation of quantitative and qualitative research methods which will best serve the needs of this research study. This will be discussed below in more detail.

3.6 Justification for the approach

The first research aim of this study is to identify the extent to which relational depth has been reached in online therapy. Identifying the ‘extent’ of something can only be measured with the use of questionnaires, and thus requires quantitative statistics to analyse the results.

The second, third and fourth aims relate to the nature of a moment of relational depth, and identifying the factors that facilitate and inhibit an experience of relational depth online. This could be answered either quantitatively or qualitatively, however, I consider there to be more of an experiential focus to these aims as well as a dearth of qualitative research definitively on relational depth in the online realm. Therefore, going beyond questionnaires will allow a more in-depth exploration of the subject matter and will allow findings to emerge from the data. It will offer something new and innovative to this field of counselling psychology.

Adopting mixed methods approach will allow me to integrate both nomothetic and idiographic elements into my study and enable an exploration of both the individual experience of a moment of relational depth in online therapy and also the broader experience of the extent to which it can be reached. This fits with my pluralistic stance of different research methodologies offering different perspectives of counselling psychology, with each being valued for the diverse perspectives they offer.

3.6.1 Justification for Interpretative Phenomenological Analysis

The research question is of primary importance (Tashakkori and Teddle, 2003) and determines the type of analytic approach used. I sought to identify the extent to which participants experienced relational depth in online therapy, the nature of that moment, and what factors helped to facilitate or hinder that experience. Relational depth is a concept

experienced and described by clients and therapists in a variety of ways and can thus be thought of as a rather subjective phenomenon. It would therefore lend itself to a phenomenological based approach of enquiry, and so Interpretative Phenomenological Analysis (IPA) has been chosen. This approach allows ‘rigorous exploration of idiographic subjective experiences’ (Biggerstaff and Thompson, 2008, p. 193) and also attempts to discover meaning and make sense of a given phenomenon. I desired to obtain a very rich and detailed account of participants’ subjective experiences and to attempt to make sense of them.

Additionally, IPA in particular has been used within mixed method research before, mainly in combination with self-report or clinical measures (Hardiman, 2015). Thornton Baker, Johnson, and Kay-Lambkin (2011) combined IPA with self-report assessments to explore the perceptions of public health campaigns of people with psychotic disorders whilst Rizq and Target (2010) combined IPA with Adult Attachment Interviews to explore trainee counsellors’ experiences of personal therapy. To date there has been no mixed methods research study undertaken on the concept of relational depth.

3.7 Critique of alternative approaches

If a different research question had been chosen, then a different research method would have been required. Table 1 below (an idea borrowed from Smith et al., 2009, p. 45) indicates the type of approach needed for a specific research question. The reasons for choosing IPA over an alternative approach are discussed below.

3.7.1 Reasons for choosing Interpretative Phenomenological Analysis

Descriptive phenomenology has been included as a separate approach to IPA as it emphasizes the ‘pure’ description of participants’ experiences, whereas IPA moves away from a focus on consciousness and essences of phenomena, towards elaborating existential and hermeneutic (interpretive) dimensions (Finlay, 2009). Descriptive phenomenology advocates an adherence to the notion that experience is to be transcended if reality is to be discovered (Kafle, 2011). ‘It is built around the idea of reduction that refers to suspending the personal prejudices and attempting to reach to the core or essence through a state of pure consciousness’ (Kalfe, 2011, p. 186). Similar to positivist thinkers, this branch of phenomenology believes that if more than one reality exists, then that leaves doubt and lack of clarity (Kalfe, 2011). It is my sentiment that personal opinion is rather impossible to suspend because as human beings we approach data from our own position within the world and project meanings of things ahead

of ourselves (Lewis and Staehler, 2010). Therefore, it is not possible to report the pure experience of others. We can only get ‘experience close’ (Smith, Flowers and Larkin, 2008, p. 33) which is thus interpretative. IPA enables an exploration of the experience of participants during research interviews whilst also acknowledging the impact of the researcher in the process (Hardiman, 2015).

Table 1 - Type of Analysis required for the specific Research Questions

Research Question	Key Features	Suitable Approach
What are the main experiential features of relational depth in online therapy?	Focus on the common structure of a phenomenon as an experience (Smith, Flowers and Larkin, 2009).	Descriptive Phenomenology
What stories do people tell about relational depth in online therapy?	Focus on ordering the events within a narrative into a meaningful whole (Langdridge, 2007).	Narrative
What factors facilitate an experience of relational depth in online therapy?	The discovery of theory from data systematically obtained from social research (Glaser and Strauss, 1967)	Grounded Theory
How do clients talk about their experience of relational depth in online therapy?	Discursive analysis involves scrutinising the way individuals construct events, by analysing language usage - in writing, speech, conversation, or symbolic communication (Edwards and Potter, 1992, Edwards, 1997; Harre and Gillett, 1994).	Discursive Psychology

Narrative research methodology is an interpretive approach in which the story told becomes an object of study. It is focused on how individuals or groups make sense of events and actions in their lives and how it constructs identity (Mitchell and Egudo, 2003). It can therefore be considered to be embedded within social constructionism as it views knowledge and knower as interdependent and entrenched in their own historical and cultural experience. It also takes a pluralist position by rejecting the notion of ‘absolute truth’ (Etherington, 2000). It can additionally be thought of as phenomenological as the individual is actively engaged in processes of meaning-making (Hiles, 2003). IPA is linked to narrative analysis as it is ‘centrally concerned with meaning-making and the construction of a narrative is one way of making meaning’ (Smith et al., 2009, p. 196). However, IPA differs in that it allows interviews to be cross-analysed in order to find patterns or themes which can then be grouped together to capture aspects of that specific experience. It was my hope that by cross analysing

the interviews themes would emerge which would help answer the aims of the study and give insight into the subjective phenomena of relational depth.

Grounded theory is an inductive research methodology that enables the researcher to develop a theoretical account of a particular phenomenon while simultaneously grounding the account in empirical observations or data (Glaser and Strauss, 1967). In a grounded theory study, theoretical saturation is sought, meaning that sampling continues until no new categories or connections between categories are found. Grounded theory differs from IPA in that the results of each interview guide the next. IPA on the other hand is much more idiographic, treating each case individually whilst at the same time being able to form general themes across the group. I did not want to generate a theory of relational depth but rather capture individual experiences of the phenomena and allow themes to emerge from the data which would help create an understanding of the experience.

Discursive analysis involves scrutinising the way individuals construct events by analysing language usage in writing, speech, conversation, or symbolic communication (Harre and Gillett, 1994). It sees talk as not merely a reflection of mental events, but a means to achieve goals in a socially meaningful world, and because talk is functional, language thus shapes reality (Moss, 2016). The focus of my second, third and fourth aims is on understanding the nature of an individual's lived experience of relational depth in online therapy and what facilitates and inhibits that experience. I am less concerned with process, but rather I desire to identify patterns and stay close to the data in the analysis. IPA permits this.

3.8 Interpretative Phenomenological Analysis epistemology

IPA is theoretically grounded and informed by three distinct areas, phenomenology, hermeneutics and ideography.

3.8.1 Phenomenology

IPA is phenomenological in that it attempts to understand the 'person in context's (Larkin, Watts and Clifton, 2006) experience of an event as opposed to the event itself (Smith and Osborn, 2008). It adopts a rather complex position on this. On the one hand, embracing Husserl's views, it argues that the only way to understand a phenomenon is through the bracketing off of the taken-for-granted world, our own assumptions and preconceptions, so that the essence of the experience can be understood (Smith et al., 2009). On the other hand, it also accepts Heidegger's argument that we cannot meaningfully detach from our pre-

existing world and move outwards because relatedness-to-the-world is a fundamental part of our constitution (Larkin, Watts and Clifton, 2006). IPA views the researcher's role as exerting their best efforts towards nearing each participant's experience, whilst acknowledging the ultimately impossible nature of the task (Smith, Flowers and Larkin, 2009). I align myself more with Heidegger's thinking as I agree that we approach things with our own past histories and experiences and therefore will never be able to capture 'the essence' of another, only report 'experience close' (Smith, Flowers and Larkin 2009, p. 33). Thus, this reiterates my position as interpretivist. This also relates to the epistemological position of pluralism in research as it rejects the idea of 'absolute truths', and instead appreciates that there are different ways of knowing different things.

IPA also acknowledges Merleau-Ponty's position regarding the embodied nature of our relationship to the world, and how this influences our perception of 'the other'. It means that we can only ever imagine the other's experience because 'their experience belongs to their own embodied position in the world' (Smith et al., 2009, p. 19). This has implications for IPA researchers as it is essential to be aware that whatever is reported must be understood in relation to individuals' involvement in their lived-in world of objects, relationships, language, culture, projects, and concerns (Smith et al., 2009).

3.8.2 Hermeneutics

IPA also has roots in hermeneutic philosophy due to the interpretative nature of the approach. It has been informed by the work of Schleiermacher who offers a holistic view of interpretation, stating that the task is to understand both the grammatical text and the psychological individuality of the writer. Schleiermacher goes as far as to say that if one engages in an extensive reading of the text, then one can have 'an understanding of the utterer better than he understands himself' (Schleiermacher, 1998, p. 266). This is a rather bold statement, and I would argue that readers themselves are influenced by their own attitudes and expectations and therefore impress this upon the text. Heidegger states 'an interpretation is never a pre-suppositionless apprehending of something' (Heidegger, 1962/1927, p. 191-192). The reader will always bring their own fore-conception to the material. Therefore, being aware of our own fore-conception when interpreting material is essential and indicates the importance of reflexivity in IPA research, and why priority should be given to the interpretation of new material rather than preconceptions (Cornish and Gillespie, 2009). I believe an awareness of my own social values is important before interpreting data, and I

reflect that my decision to research online therapy comes from first-hand experience of perceiving how digital technologies can enhance and improve healthcare and wellbeing. Therefore, conducting research can provide evidence to support this and ensure that other interested professionals are in receipt of this information. I believe that by being aware of my own fore-conceptions and pre-existing bias it has enabled me to control the findings reported and ensure accuracy throughout the study.

3.8.3 Hermeneutic circle

The hermeneutic circle ‘is concerned with the dynamic relationship between the part and the whole at a series of levels’ (Smith et al., 2009, p. 28). In terms of IPA for example, this means looking at a word in a sentence and understanding it within the context of the whole sentence, but also understanding the meaning of the sentence in the context of the individual words. This does not mean understanding the person but ‘understanding.... the content of what is being said’ (Gadamer 1990; 1975, p. 294). Thus, IPA researchers advance and retire through the analysis of the text, finding different but relating perspectives on the part-whole coherence of the text (Smith et al., 2009).

3.8.4 Idiography

Finally, IPA is idiographic in its approach, as it is concerned with unique events or facts and focuses on the particular. It sees individuals as unique agents, with unique life events and a unique personal history. Smith et al., (2009) state that IPA’s commitment to the particular operates at two levels. Firstly, it analyses the material in a thorough, systematic in-depth way. Secondly, it attempts to understand a particular experience from an individual and context-specific perspective. Although IPA denounces a nomothetic approach, and claims only to offer an interpretation of one participant’s experience of one event, it does allow for the aggregation of themes across multiple participants where they have all experienced ‘similar’ events (Wagstaff et al., 2014, p. 11).

3.9 Summary

The philosophical thinking of IPA illustrated above links to the fundamental principles of pluralism; respect, value, and being inclusive towards Otherness (Cooper and McLeod, 2007). Cooper, in his 2013 review of what we know to date on experiencing relational depth, asks the question: ‘Can research and particularly quantitative, number-based enquiry ever tell us anything meaningful about relational depth?’ He continues:

Surely, it could be argued, relational depth is such a subtle, holistic and complex phenomenon – something that individuals find so ‘hard to put into words’ – that to try and analyse and present it in empirical terms would be to undermine the very essence of what it is’. (Cooper, 2013, p. 62)

However, it is this holism that relational depth encourages that allows a quantitative and qualitative based research inquiry to exist. It is about ‘a willingness to move beyond fixed, sedimented assumptions’ (Cooper, 2013, p. 63) and promotion of an open and fluid stance. This I consider incorporates a pluralistic philosophy and thus mixed methods research design. Through mixing qualitative and quantitative methods, it allows me to access data that would otherwise be unavailable. Engaging with multiple perspectives and being aware of the individuality of each participant when conducting research is important to me as a researcher and something which I adhered to throughout the analysis of this study. As Carl Rogers (1986, cited in Cain, 2010, p. 42), states:

There is only one way in which a person-centred approach can avoid becoming narrow, dogmatic and restrictive. That is through studies – simultaneously hardheaded and tender-minded – which open new vistas, bring new insights, challenge our hypotheses, enrich our theory, expand our knowledge, and involve us more deeply in an understanding of the phenomena of human change’. (Rogers, 1986, cited in Cain, 2010, p. 42)

Chapter 4. Procedure

4.1 Ethical considerations

My study received ethical approval from the University of Roehampton's Ethics Committee on 30th March 2016 (Appendix 1). The original study which I proposed had excluded Skype therapy and video conferencing, and included only email, text based or instant messaging therapy. However due to the lack of responses it was decided that Skype and video conferencing would be included. A minor amendment (Appendix 2) was therefore made to the study on 10th June 2016 and approved on 23rd June 2016 (Appendix 3).

4.2 Recruitment

Over 350 online therapists from around the world offering therapeutic input via email, text, instant messaging and Skype therapy were contacted via email (Appendix 4), and asked if they would be willing to pass the survey details on to their clients. Therapists were recruited from a variety of online websites e.g. TalkSpace, Skype Therapies, BABCP as well as private clinics. All therapeutic orientations were included in order to compare and generalise results. Social media sites such as Facebook, Twitter and LinkedIn were also used to recruit participants (Appendix 5), with the aim of recruiting 200 participants to complete the survey. The survey link (Appendix 6) was embedded within the email to each therapist and within the social media posts. An Information Form, Consent Form and a demographic questionnaire was contained within each survey, which participants had to complete in order to take part. If participants did not click the consent box, they were unable to participate. Participants were able to print the full survey including the Consent Form and debriefing page. In addition, if at any time a participant wanted to withdraw from the study they could contact the researcher with their ID number (allocated at time of completion) and be removed from the study. Results were recorded via Qualtrics, a software management platform.

4.3 Inclusion criteria

In order to take part in the study participants had to be:

- 18 or older;
- Have had a minimum of 3 online therapy sessions;
- Engaged in online therapy within the last year;

- Online therapy must have been conveyed either by email, text, instant messaging, Skype or video conferencing.

4.4 Quantitative arm

4.4.1 Measures

The study which was later disseminated, contained two quantitative measures of relational depth. It was believed that using a measure which captures some of the key ideas of Relational Depth would be particularly valuable, as the concept of Relational Depth can be very difficult to explain or put into words. The measures chosen were the Relational Depth Inventory (RDI) and the Relational Depth Frequency Scale (RDF).

4.4.2 Relational Depth Inventory (RDI) (Wiggins, 2007)

The Relational Depth Inventory (RDI) was first produced as part of an MSc project (Wiggins, 2007), and was created through an amalgamation of qualitative data from two sources. The first source asked both counsellors and trainee counsellors to describe their experience of relational depth following a lecture on that subject (Price, 2012). This generated 261 descriptions of relational depth. The second source came from interviews with 14 counsellors or trainee counsellors who were receiving person-centred counselling, and over 100 descriptions were reported (Price, 2012). All descriptions were subjected to grounded theory analysis (Rennie, Phillips and Quartaro, 1988), and the resultant categories guided questionnaire items (Price, 2012).

In the MSc project, 80 participants had responded to the 64-item RDI and some initial analyses were conducted. However, to obtain more statistical power for reliability and validity studies, more participants were needed (Price, 2012). The study then became a PhD topic and a further 263 participants completed the RDI, making a total of 343 participants. Part of the PhD involved revising the RDI into a much shorter and more accessible questionnaire, and hence the RDI- Revised (RDI-R) was formed. This reduced the questionnaire from a 64-item questionnaire to a 24-item questionnaire, and it was this revised edition that was then tested for validity and reliability as well as an outcome study.

The results, based on the Rasch Model of Analysis, indicated that the RDI-R has excellent reliability (Cronbach's Alpha = .93) and validity and is a largely unidimensional measure. In terms of outcome results, the RDI-R explored the relationship between relational depth and

outcome, specifically whether the presence of relational depth during a significant event is related to positive therapeutic outcome. It was found that a moment of relational depth is predictive of client improvement in therapy (Price, 2012). However, it was also found that a small but significant number of people were not targeted well by the RDI-R, and that such people scored high on all items, meaning that there were not enough items that had sufficient difficulty (Knox et al., 2012). In order to address this, two more difficult to endorse items were added to the inventory; item 25 ('I felt a profound connection between my therapist and me') and item 26 ('I felt that the experience with my therapist was beyond words'). In addition, two items were reworded slightly; item 6 was reworded from 'I felt in touch with my spiritual side' to 'I felt a spiritual experience', and item 15 from 'I felt I was going beyond my ordinary limits' to 'I felt I experienced something beyond the ordinary'.

This RDI-R2 was used in this study. It begins with a question that asks respondents to describe, in their own words, an important event they had experienced during a therapy session. They are then asked to rate this significant event using a five-point scale (1: 'not at all'; 2: 'slightly'; 3: 'somewhat'; 4: 'very much'; 5: 'completely'), indicating the extent to which they experienced each of the specific qualities represented by the 26 questionnaire items. The questionnaire also asks for demographic data, such as gender, role (whether client or therapist) and therapy duration overall (less than a month, 1-6 months, 6-12 months, 12 months-2 years, or over 2 years).

4.4.3 Relational Depth Frequency Scale (RDFS) (Di Malta, 2016)

The RDF is a new 20 item scale developed and validated by a researcher (Di Malta, 2016) at the University of Roehampton for her Doctorate in Counselling Psychology study. This is the first validated instrument to measure the frequency of relational depth moments in psychotherapy. The development of the scale consisted of three parts necessitating different participants for each part. First, a team of five specialists generated an item pool of 130 items, with each item capturing the overall phenomena of relational depth. This was then reduced to 50 items after inter-rater reliability was calculated. The second step applied the Three-Step Interview on the 50- item scale (Hak, Van Der Veer and Jansen, 2004). Ten participants, five clients and five therapists who were not familiar with the concept of relational depth were interviewed, which helped identify problems in the scale, identify gaps in observational data, and thus develop a new scale. The final stage, that is the main statistical study, involved data collection from approximately 385 participants who completed the Relational Depth

Inventory, Relational Depth Frequency Scale, Working Alliance Inventory, and the Self Compassion Scale-Short Form.

Results found that the RDF has a high internal consistency with Cronbach's alpha of .96. The scale also has good construct validity, showing good convergent validity with both the Relational Depth Inventory ($\rho = .68$) and the two versions of the WAI-SR: the WAI-SR therapist version ($\rho = .52$), and the WAI-SR client version ($\rho = .68$), suggesting the RDF is related to these constructs but is not the same.

The RDF has a therapist and a client version, but for the purpose of this study only the client version was used. It begins with a statement to be completed: 'Over the course of therapy with my therapist, there were moments where...', followed by a list of items capturing the whole phenomenon of relational depth. Items included statements like: 'I experienced an intense connection'; 'we were deeply connected to one another'; 'I felt we were both completely genuine with each other'. It asks clients to rate their responses on a scale ranging from 'not at all'; 'only occasionally'; 'sometimes'; 'other', to 'most' or 'all of the time'.

4.4.4 Participants

Although the aim was to recruit at least 200 participants to take part in the online survey, only thirteen people actually completed the questionnaires. Table 2 below is a compilation of the respondents' demographic details and provides information about their personal therapy.

The participants comprised 10 women and 3 men, aged 26 to 60 years (men: $M = 46$, $SD = 15.39$; women: $M = 42.4$, $SD = 13.42$). Ten participants classified themselves as being from a white ethnic background, whilst three stated that they were from a minority ethnic group. Eight participants were currently undergoing therapy when they completed the questionnaire, one had just recently finished, and two had attended online therapy in the past. Nine participants stated that the online medium through which they received therapy was Skype, one stated video conferencing, two had email therapy, and one had instant messaging therapy. Five participants stated that they engaged in therapy on a once weekly basis, three had therapy once a fortnight, three once a month, one stated they had therapy less than once a month, and one stated they had therapy more than once a week. Finally, six of the participants stated they were receiving therapy for 2 years or more, two stated they were in therapy between 1-2 years, and five stated they had been having therapy between 1-6 months.

Table 2 - Participant demographics: Quantitative Arm

ID	Gender	Age	Ethnicity	Type of online therapy	Duration in therapy
1	Male	59	Other mixed	Email	1-6 months
2	Female	31	Other mixed	Skype	1-2 years
3	Female	31	Other	Instant	2 years +
4	Female	55	White USA	Email	1-6 months
5	Male	50	White British	Skype	1-6 months
6	Female	56	White British	Skype	1-6 months
7	Female	54	White British	Skype	2 years +
8	Male	29	White British	Skype	1-6 months
9	Female	30	White Irish	Skype	1-2 years
10	Female	30	White British	Skype	2 years +
11	Female	60	White Other	Video conferencing	2 years +
12	Female	26	White British	Skype	2 years +
13	Female	50	White British	Skype	2 years +

4.4.5 Data analysis

Due to the small sample size statistical analysis consisted of both descriptive and non-parametric statistics. All analysis took place on a consolidated case basis rather than by analysing single case information. Due to the small percentage of missing data (7.7%) it was ignored and not included in any calculations as it was assumed that the data was missing completely at random (MCAR).

Descriptive statistics were produced for calculating the mean, mode and median scores on the data, whilst non-parametric statistics were performed to determine whether gender, the type of online therapy participants received, or the length of time in therapy had any statistical significant differences with RDI mean scores and RDF mean scores.

A Shapiro Wilks test was conducted first to test for normality of distribution amongst the dependent variables of RDI mean scores and RDF mean scores. The significance value of the Shapiro-Wilk test was greater than 0.05 in both RDI mean scores and RDF mean scores

indicating normal distribution. However, in a Kolmogorov-Smirnov test the RDF mean score did significantly deviate from normality $D = .018$ $p < .05$ and thus a Kruskal-Wallis H test followed as distribution does not have to be normal and variances do not have to be equal. In addition, a Kruskal – Wallis H test is much less sensitive to outliers than ANOVA and one outlier was detected.

A Mann Whitney U test was also conducted to determine whether there was a difference in mean relational depth scores of males and females who took part in the study. In order to conduct a Mann Whitney U test, it is necessary for the independent variable to consist of two categorical, independent groups and also that the two variables are not normally distributed which was the case with this data.

An alpha value of .05 was used in order to balance the type I and type II statistical error in this study.

4.5 Qualitative arm

Participants were provided with my email address at the end of the questionnaire and asked to contact me if they wanted to take part in a follow up interview. Smith et al., (2009) recommend between four and ten interviews for a doctoral level research project, and promote caution for larger scale interviews as it may inhibit the quality of the analysis. They also suggest that researchers try to find a fairly homogenous sample, for whom the research question will be meaningful (Smith et al., 2009). My initial plan was to randomly select participants who made contact, in order to ensure fair sampling. However, as only a small number of participants made contact, these participants participated in the follow up interview. The inclusion criteria employed at the beginning ensured the greatest possible homogeneity, and all participants had engaged in Skype therapy, thus generating an even greater level of homogeneity.

4.5.1 Interviews

A semi-structured interview (Appendix 7) was conducted with each participant via either Skype or Video Conferencing depending on which mode they used with their therapist. Smith and Osborn (2008) state that semi-structured interviews allow for flexibility within the interview process as it allows questions to be adapted in order to engage with the participants' experiences.

All interviews were conducted via Skype or video conferencing facilities, and lasted approximately between 45 minutes to 1 hour. The interview consisted of a number of questions relating to the aims of the study, including questions about each individual's general experience of online therapy and then more specifically, what they considered their experience of relational depth to be like, if at all. Questions were then asked about what they believed facilitated or inhibited relational depth from occurring, and what they considered would help in the future. As part of the semi-structured interview, specific demographic information (Appendix 8) was also gathered. Interviews (Appendix 9-13) were recorded with the participants' consent and were transcribed verbatim.

4.5.2 Participants

Seven participants made contact and therefore it was these seven individuals who were interviewed. All participants were allocated a pseudonym in order to protect anonymity and confidentiality. Table 3 below outlines the participants' demographic details and information about their personal therapy.

The participants interviewed were all aged between 26 and 60 years old ($M = 39.14$, $SD = 5.95$). Six participants classified themselves as being from a White British background, whilst one was from a White Irish background. All participants were currently undergoing therapy when they were interviewed. Six participants stated that the online medium through which they received therapy was Skype, with one stating that they used video conferencing. Finally, five of the participants stated that they had been receiving therapy for 2 years or more, one had been in therapy between 1-2 years, and one stated that they had been in receipt of therapy between 1-6 months.

Table 3- Participant Demographics: Qualitative Arm

* A pseudonym has been assigned to ensure anonymity

ID*	Gender	Age	Ethnicity	Type of online therapy	Duration in therapy
Sarah	Female	30	White Irish	Skype	1-2 years
Mark	Male	29	White British	Skype	1-6 months
Lucy	Female	54	White British	Skype	2 years +
Anna	Female	30	White British	Skype	2 years +
Kate	Female	26	White British	Skype	2years +
Joanne	Female	60	White British	Video conferencing	2 years +
Mary	Female	45	White British	Skype	2 years +

4.5.3 Analysis Process

Smith et al., (2009) outline a seven-step plan as one way to conduct IPA analysis, whilst at the same time they acknowledge that there is no correct or incorrect procedure. They encourage researchers to be innovative in how they approach the analysis and to be flexible with the analytic task at hand. As a first-time IPA researcher, I decided to follow Smith et al's (2009) guiding principles. Simultaneously, I remained open and fluid in my approach.

4.5.3.1 Interpretative Phenomenological Analysis Procedure

Table 4 below highlights the steps of the IPA procedure. Each transcript was analysed using the steps detailed in Table 4, with a particular focus on the hermeneutic circle of interpretation, moving backwards and forwards between the part and the whole of the transcript so that convergences and divergences could be identified. It has been noted that transitioning between these two perspectives allowa the analysis to stay true to the original data (Wagstaff, et al., 2014; Smith, 2011).

Once each transcript had been analysed, a table of recurrent themes was produced in order to identify and determine superordinate and subordinate themes for the group as a whole. Smith et al., (2009) state 'for an emergent, or super-ordinate theme to be classified as recurrent it must be present in at least a third, or a half, or most stringently, in all of the participant

interviews’ (p. 107). The final data is presented using a mix of thematic tables and text (Smith, Flowers and Larkin, 2009).

Table 2 - Recommended IPA Analysis Steps

Step	Title	Description
1	Reading and re-reading	Listen to the audio recording whilst actively engaging with the data in order to begin the process of entering the participant’s world.
2	Initial noting	Analyse the interview in a comprehensive and detailed way, focusing on the descriptive, linguistic and conceptual comments.
3	Develop emergent themes	Using the initial notes and exploratory comments, begin to identify emerging themes by focusing on chunks of the transcript.
4	Search for connections across emergent themes	With an open mind and the use of abstraction, subsumption, polarisation, contextualisation, numeration, and function, chart or map how themes identified fit together.
5	Move to the next case	Repeat the process above and attempt to bracket what has been learned from the previous case so that each new case is treated on its own individual merit.
6	Search for patterns across cases	Identify patterns and connections across cases in order to identify a table of of potent themes.
7	Integrate themes and theory	Connect, link and interpret themes in relation to pre-existing theory and research

[Adapted from Smith, Flowers and Larkin, 2009 Chapter 5]

4.6 Amalgamation of Data

Cresswell and Plano Clark (2011) describe the ability to bring together the different elements of a mixed methods study and argue that doing so is best approached from a pragmatic epistemological position, which has been discussed in this Chapter. In this study, the quantitative and qualitative arms were analysed individually due to the nature of the research design and the need to protect the participants’ anonymity. Such an analysis of each arm of the study enabled responses to its research questions to effectively emerge.

Chapter 5. RESULTS

5.1 Chapter overview

The following Chapter identifies, outlines and explores the quantitative and qualitative findings of this research study. The quantitative results are reviewed initially, followed by interpretative phenomenological analysis on the seven interviews. The findings are categorised according to each research aim, and the emergent themes are discussed in detail.

5.2 Quantitative results

5.2.1 The extent to which relational depth can be reached in online therapy

Table 5 below shows the mean scores for the Relational Depth Inventory for all participants. The mean score ranged from 2.20 to 4.96. The mean score of all participants was 3.66, SD = .69 from which it can be interpreted that the participants experienced specific moments of relational depth at a ‘moderate’ level in online therapy. This label was assigned as a score of 3 falls into the ‘moderate’ category on the RDI questionnaire.

Table 6 below shows the mean scores for the Relational Depth Frequency Scale for all participants. The mean score ranged from 2.05 to 4.50. The mean score of all participants was 2.26, SD = .75 from which it can be interpreted that the frequency in which the participants experienced relational depth online was ‘only occasionally’. This label was assigned as a score of 2 falls into the ‘occasional’ category on the RDFS questionnaire.

Table 3 - Total and Mean Participant Scores: Relational Depth Inventory

Participant ID	Total	Mean
1	55	2.20
2	97	3.73
3	112	4.31
4	86	3.31
5	74	2.85
6	106	4.08
7	100	3.85

8	81	3.24
9	100	3.85
10	90	3.60
11	129	4.96
12	79	3.04
13	92	3.54
Total	1201	3.66

Table 4 - Total and Mean Participant Scores: Relational Depth Frequency Scale

Participant ID	Total	Mean
1	41	2.05
2	74	3.70
3	84	4.20
4	56	2.80
5	74	3.70
6	54	2.70
7	76	3.80
8	80	4.00
9	90	4.50
10	73	3.65
11	82	4.10
12	48	2.40
13	72	3.60
Total	904	2.26

5.2.2 Kruskal-Wallis H Test

A Kruskal- Wallis H test was used to determine whether the type of online therapy participants received or the length of time in therapy had any statistical significance with RDI mean scores and RDFS mean scores (Table 7 below).

There was no statistically significant difference between the type of online therapy participants received ($\chi^2 (2) = 3.82, p = .147$), or the length of time in therapy ($\chi^2 (2) = 3.11, p = .212$) and RDI mean scores.

There was also no statistically significant difference between the type of online therapy participants received ($\chi^2 (2) = 4.44, p = .109$), or the length of time in therapy ($\chi^2 (2) = 2.69, p = .261$) and RDFS mean scores.

5.2.3 Mann Whitney test

A Mann Whitney Test (Table 8 below) was conducted to determine whether there was a difference between the mean relational depth scores of males and females who took part in the study. The results indicated that there was a statistically significant difference ($U = 1.000, p = .014$) with females in the study, reporting higher mean scores in the relational depth inventory than males.

There was no statistical significance found between males and females on the Relational Depth Frequency scale ($U = 12.5, p = .692$) (Table 8).

Table 7 – A Kruskal- Wallis H test between type of online therapy and Duration in therapy and RDI and RDFS mean test scores

RDI	<i>df</i>	<i>H</i>	<i>n</i>	<i>p</i>
Type of Online Therapy	2	3.83	13	.147
Duration in Therapy	2	3.11	13	.212
RDFS				
Type of Online Therapy	2	4.44	13	.109
Duration in Therapy	2	2.69	13	.261

Table 8 – A Mann Whitney test between mean RDI and RDFS test scores for Males and Females

	Gender		<i>U</i>	<i>p</i>
	Males	Females		
RDI Mean	2.33	8.40	1.000	.014
RDFS Mean	6.17	7.25	12.5	.692

5.3 Summary of quantitative results

In summary, gender was the only factor found to have statistical significance in relation to RDI and RDF mean scores. The study found age of participants, type of online therapy or therapy duration had no impact on the extent to which relational depth could be reached.

5.4 Qualitative results

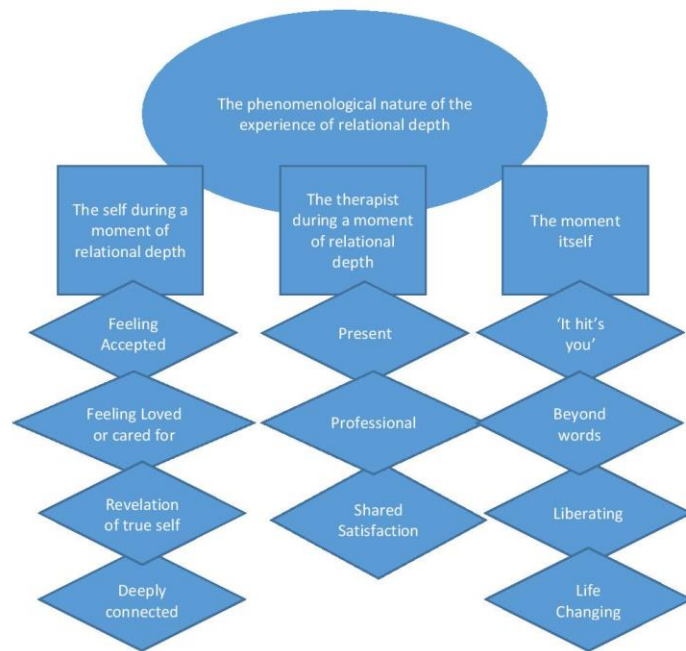
5.4.1 Overview

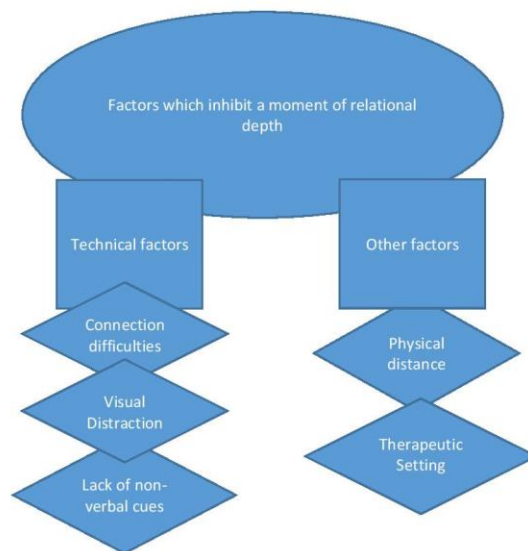
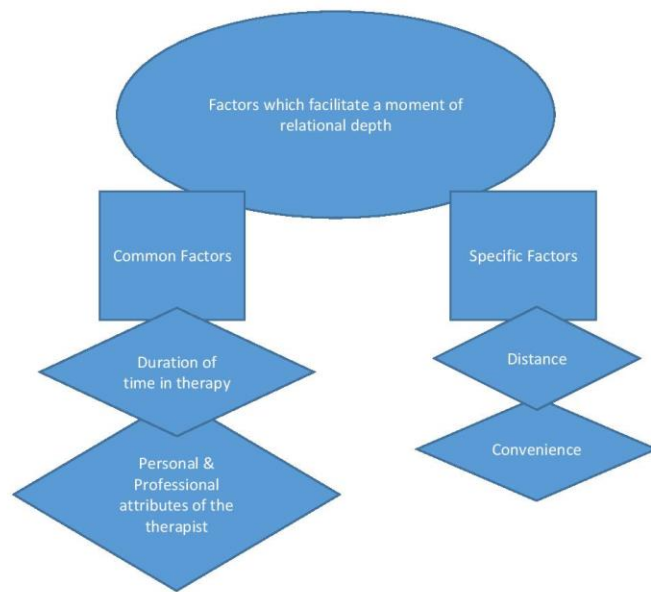
Three superordinate and six subordinate themes were identified in the Interpretative Phenomenological Analysis (see Figure 5.1). Each super-ordinate helped answer the three qualitative research questions. Theme 1, ‘The phenomenological nature of the experience of relational depth in online therapy’ looks at the specific descriptions of the self, the therapist, and the moment itself. Theme 2, ‘Factors which facilitate a moment of relational depth in online therapy’ identifies both common and specific factors which promote relational depth. Finally, Theme 3, ‘Factors which inhibit a moment of relational depth in online therapy’ looks at what participants felt hindered this experience in online therapy.

5.5 Superordinate theme 1 – the phenomenological nature of the experience of relational depth in online therapy

This superordinate theme captures what this experience was like for participants. The theme has been further divided into three subordinate themes which looks specifically at what those moments felt like in relation to the self in the relationship, the therapist, and the nature of the moment itself. All participants spoke very positively about their experience during those moments, and a number of compelling statements were generated.

Figure 5.1 Superordinate and Subordinate themes





5.5.1 Subordinate theme 1 – self experiences during a moment of relational depth

The following self-related aspects were described by participants during a moment of relational depth; feeling accepted, feeling loved, feeling deeply connected and finally a feeling that they could reveal their true self to their therapist. These will be discussed in more detail below.

5.5.1.1 *Feeling accepted*

Feeling accepted was reported by three out of the five participants who experienced a moment of relational depth online. Sarah stated, ‘Josie [the therapist, is the only person in the world who understands me and accepts me for who I am’ (Line 121-122), continuing, ‘I’ve shared my soul and it’s been heard and accepted’ (Line 142-143). This felt like a very profound statement and the word ‘soul’ is quite striking. It suggests a willingness from the participant to share a side of her which is usually kept very secret and hidden. It also indicates a truthfulness, and her reaching somewhere deep inside. It seems that through this process she has received validation and remembers this moment quite clearly. Anna echoes this sentiment when she states, ‘it’s... em being open with someone and them accepting it and then taking the time and energy to think about a way in which they could provide insight which might then help me understand it.’ (Line 183- 185). This again indicates an honesty and openness on behalf of the participant to begin with, and then a welcoming of that by the therapist. Mary talks about both her and her therapist accepting each other’s diversities, ‘that sense of em.... of him understanding me and me understanding him and accepting each other without, and accepting each other’s differences’ (Line 300-302). These phrases all hint at not being accepted outside of the therapeutic relationship and it therefore becomes an affirming experience for each participant when they receive it from their therapist.

5.5.1.2 *Feeling loved or cared for*

Following on from feeling accepted is the experience of relational depth being akin to love. Two of the participants use the word ‘love’, Mary states, ‘I felt seen and accepted and encouraged and loved...’ (Line 324). The use of the word ‘seen’ links back to perhaps not being ‘seen’ in other relationships, and therefore appears to be a very important element for her. Sarah says, ‘It makes me happy to think that I can be honest and be loved for it. That probably sounds strange, I don’t mean loved in the romantic sense of the word, I mean I feel

loved by Josie in a maternal way. I honestly don't think there is anything that I couldn't tell her.' (Line 143-145). Using the word 'love' with regard to the therapeutic relationship can be considered controversial, as Mary notes her therapist's reluctance to use the word, 'he [the therapist] doesn't call it love, he calls it unconditional positive regard em but that's what I feel' (Line 189-190). Yet the participants do not seem to shy away from its use.

Three of the participants talk about the experience of a moment of relational depth in a very nurturing way with one participant describing it in a very maternalistic sense. Mary's response to how she feels during moments of relational depth is, 'very reassuring, very comforting, I'm going to cry, very nurturing. Em, which is lovely because I never had that from my mum. [coughs] so yeah' (Line 289-292). This is a very poignant and sincere sentence, and the emotionality of the moment is evident through Mary's tears.

Two of the participants speak about the experience of relational depth as a comforting one. Anna, who associates the concept of relational depth with therapeutic insights states, 'it feels quite comforting in a way that someone can have an insight that can change my own perception' (Line 178-179). She continues, 'I think something about the way those insights are delivered does feel kind of comforting and accepting' (Line 205-206). Mary comments, 'it was like as if someone was saying 'you're ok, don't worry'. Em, 'you're on the right track. When I think about it now it's making me quite emotional [pauses]. It's it's just so reassuring to know that [pauses] that my grasp of the situation wasn't that off''. (Line 286-288). This remark calls to mind a parent soothing a child in distress; therefore, these statements illustrate a certain level of pain on behalf of the participant and the therapist taking an active role in easing it.

5.5.1.3 Revelation of a true self to the therapist

One common summary across all five participants' accounts relates to the revelation or unveiling of a true self during a moment of relational depth. Sarah states, 'I would have to say real. I am there warts and all. I'm not hiding anything' (Line, 142), whilst Anna says 'I can let them in to a sort of part of my own thoughts and their reaction is not that they don't understand but they're seeing, they're seeing something in it' (Line 179-181). This seems related to the topic of acceptance, with Mary speaking along similar lines, 'I feel that he accepts but also I feel like he sees me for the person I really am' (Line 210).

This idea of the true self also connects to what clients describe in terms of feeling genuine and real when moments of relational depth occur. When recalling a specific moment Sarah states ‘It feels amazing. It feels so real. It doesn’t happen in every session, but there have definitely been times when I feel things just go that bit deeper.’ (Line 137-138), whilst Katie says it’s ‘a real deep inside moment. It’s something that is beyond words and it happens in face to face from time to time to so it’s not about working online but the point about is it can happen online’ (Line, 124- 126). Lucy asserts, ‘I feel like I’m more a genuine myself. That I’m completely connected with the more genuine god self if you like’ (Line 222-223). These statements suggest a peeling away of a false façade and allowing the therapist to see the real person; nothing is hidden and everything is revealed.

5.5.1.4 Feeling deeply connected

All five of the participants speak about feeling connected and understood during a moment of relational depth with one participant saying, ‘It just feels like ‘whoa you really get me.’ Almost like she knows me better than I know myself sometimes or that she can read my mind. It just feels deep, like not on a friendship level beyond that’ (Sarah, line 128-131). Lucy states, ‘I feel very connected and I feel very close. I feel she understands me and where I am with things’ (Line 102-103). Anna comments, I feel ‘more connected than when I’m just talking and he’s listening and em when he’s kind of trying to understand what I’m saying em yeah I do feel more of a connection in those moments’ (Line 231-233), and Mary says, ‘I get an honest answer from him... but you know in a connected nurtured way’ (Line 307-308). Relational depth was named by Katie as a ‘meeting of emotion’ (Line 174), which indicates a reciprocity between therapist and client, a connection, and a coming together.

5.5.1.5 Summary of subordinate theme 1: self experiences during a moment of relational depth

Overall, the experience of relational depth in online therapy for participants in this study was one of acceptance, love and connection. The combination of this experience then allowed an unveiling of a true self, in which participants felt able to remove their masks and allow the therapist into a part of themselves which is usually kept hidden. There was also a feeling of being cared for, something which many had never received before.

5.5.2 Subordinate theme 2: description of the therapist during a moment of relational depth

This second subordinate theme relates to the description of the therapist during moments of relational depth and how participants viewed their therapist during these moments. Generally, the descriptions very much parallel with how participants experienced themselves during a moment of relational depth, including the therapist being, ‘real, genuine, loving and accepting’ (Sarah, Line 156). This could be interpreted as the client perceiving the therapist as real which then leads the client to be real in the therapy relationship. However, there is not enough evidence to claim this. One participant also described their therapist as very ‘affectionate’ (Lucy, Line 235), which corresponds to the loving, nurturing aspect described above. More specifically though, participants spoke of their therapist as being present, professional and proud during a moment of relational depth. These sentiments are discussed in detail below.

5.5.2.1 *Present*

Three out of the five participants who experienced relational depth online described their therapist as having a strong presence during that moment. Katie felt that her therapist was ‘utterly there’ (Line 211) with her, indicating a closeness and connection between them both, but also suggesting an element of presence and focus on the part of the therapist. This idea of presence was further emphasised by Sarah, when she described her therapist as ‘solid’ (Line 157), a word which implies sturdiness or strength and signifies the therapist being with the client in a very physical sense; ‘I suppose she doesn’t really change. She’s solid and I think that’s why we can go to places that I don’t go with anyone else. I trust her (Line 157-158). Anna also talks about her therapist as being ‘very calm and considered and he doesn’t quickly react em, so I suppose sometimes there’s a bit of hesitation in our interactions. Em, I might say quite a lot, I might kind of talk and say a lot and then there’s a kind of silence, sometimes he can be a bit silent, em and that’s sort of something I’ve got used to.’ (line 245-248). This suggests a very measured approach and creates a sense of holding and safety which could be considered a specific relational characteristic or skill of the therapist but which may also be considered as the therapist remaining grounded and thus present for the client.

5.5.2.2 *Professional*

The ‘solidity’ of the therapist referred to above can also be thought of as therapists holding boundaries and remaining professional. Two of the participants mention this specific quality

when asked to describe their therapist during a moment of relational depth. Mary stated, he is ‘very professional, very analytical...’ (Line 331). Sarah also says her therapist’s ‘professionalism’ helped her to develop trust which allowed her to then open up, which thus enabled relational depth to occur. She continues ‘I worried that online therapy might feel a bit like face time with a friend, but Josie [her therapist] held the boundaries which I think was important’. (Line 91-92).

5.5.2.3 Shared satisfaction

Finally, to conclude this subtheme, three participants stated their therapist emanated what looked like pride or satisfaction on their face during those moments. Anna verbalised ‘sometimes I think he’s very pleased with himself (laughs) He is like ‘yes!’ (laughs)’ (Line 219) continuing, ‘his satisfaction is a sign of eh him sort of feeling that we have a connection between us because I’ve talked to him about something and he’s understood it in a certain way, given me an insight and I’ve kind of agreed with it and it’s giving me a different perspective em, so yeah I get a sense of satisfaction and connection I suppose from him’ (Line 223-227). Lucy also talks along similar lines saying she sees ‘pride’ in her therapist’s face, continuing, ‘I guess when you do work you enjoy, fulfilment, yeah it’s more like that. Somewhere between the two that they have kind of felt the good too and they move forward and move with you as a result’. (Line 241-242). Mary follows this line of thought commenting, ‘he was very pleased for me that em, that this issue was resolved at the weekend in a positive way, was encouraged I think that for me in the future there were positive signs for the relationship’ (Line 332-334).

5.5.2.4 Summary of subordinate theme 2: the self of the therapist during a moment of relational depth

Participants in the study experienced their therapist as accepting, loving and genuine at times of relational depth. They also felt a strong sense of presence radiate from their therapist as well as a sense of fulfillment or pride. Finally, participants felt that their therapists’ professionalism and ability to hold the boundaries was important during moments of relational depth.

5.5.3 Subordinate theme 3: the nature of a moment of relational depth

This third and final subordinate theme relates to how participants describe the particular moment of relational depth and what it meant to them, and also in relation to their therapy experience as a whole.

5.5.3.1 *'It hits you'*

When asked how they would describe a moment of relational depth, three of the participants used very striking and forceful phrases to highlight the unforgettable nature of the experience. Sarah stated, 'She listens and then bam she'll make a remark that just hits me somewhere that I never knew existed' (Line 132-133). This sentence captures the impossibility of missing a moment of relational depth and exemplifies the almost physical reaction to the experience. This could also be considered as a moment of sudden insight which has been reported in the literature before (Knox, 2011). A similar feeling was reported by Lucy when she says, 'You hit something that enables you to understand something in a different way even if you understood before. It's like head to heart if you know what I mean. You can talk about something forever and then all of a sudden you get it.' (Line 207-209). This remark alludes to a complete bodily experience and a coming together of both thoughts ('head') and feelings ('heart'). There is an idea within this that moments of relational depth enable clarity and understanding about a situation that was not understood completely before. Adding to this Katie states, 'it's a bit like when you're in class and you're learning and sort of listening but occasionally something hits you between the eye balls because it's really interesting, it's something that makes sense, but it's beyond the just making sense. It was a, it was a hitting between the eyeballs moment' (Line 149- 152). This statement again indicates a really visible unmissable moment but with an unexpected quality to it. All of the participants use the word 'hit', which implies impact or strength and therefore something that they will not forget. Indeed, Katie captures this when she says, 'they are special moments and those are the moments that remain when all the rest has disappeared. They are they are the focal moments, pivotal moments.' (Line 179-180).

5.5.3.2 *Beyond words*

Despite the certainty of these moments, participants described relational depth as a phenomenon beyond words. Sarah states, 'I'm not really sure how I would describe them' (Line 128). She repeats a similar sentiment later in the interview saying, 'I got this feeling which I can't really put words to but again something similar to love. It was a very strong

feeling.’ (Line 176-178). Lucy also struggles to find the words saying, ‘I dunno how you would describe it (pauses). I can’t think of the adjective’ (Line 235-236). Anna comments, ‘I sometimes don’t know what to say next, I’m like ‘yeah ok’ and my head just kind of goes ‘oh this is a new idea’ and it kind of opens up different thoughts about others things which may be relevant to that particular insight he’s had and think ‘oh yeah well that’s right because when this happened I I definitely felt like that’ or eh I tend to agree with him and think ah that was a bit of a revelation and just reflect on it I suppose.’ (Line 161-166) continuing, ‘a bit taken aback at this sort of, at this idea I might have had about something always and then it’s sort of turned em and given a different angle or seeing something in a different way, so yeah I can be a bit taken aback. (Line 171- 173). Katie states exactly, ‘Em, you know there’s been some other pretty moving moments but I think they are beyond words, something emotional moves in you and they are life changing moments usually. They inform you in a way or they do something in you in a way that creates change’ (Line 163-166) repeating, ‘It’s beyond words really’ (Line 175). The repetition draws attention to the point that the participant is making of how indescribable a moment of relational depth actually is. This relates back to the idea of them being ‘beyond the making sense’ and having great significance within the therapeutic journey.

5.5.3.3 *Liberating*

The value of a moment of relational depth continues, with three of the participants talking about how physically and emotionally moved and free they felt when these moments occurred. Lucy states, ‘It’s like a release you know... You can talk about something forever and then all of a sudden you get it. That kind of insight and then as you move on that releasing of tension or anxiety or shifting or releasing of energy and movement in some way’ (Line 207-211). The ‘energy’ and ‘movement’ that she talks about suggests an aliveness, while the word ‘release’ implies a weight being lifted from her shoulders. Anna talks about how it felt like her therapist had ‘unlocked something’ (Line 238) within her during a moment of relational depth; ‘Yeah that he’s unlocked something you know. He’s kinda, he’s pushed, he’s pushed my perception in a different direction. Em.. yeah or kind of opened my eyes to something’ (Line 238-239). This brings to mind someone being trapped or stuck, but who has now been released and set free. It also relates back to the idea of the true self pushing forward and the individual becoming more congruent within themselves. Finally, Katie states, ‘something emotional moves in you.... They inform you in a way or they do something in you in a way that creates change’. (Line, 165-166). This sentence captures just

how emotionally provoking the experience of relational depth was for this participant and how changed they were by it.

5.5.3.4 *Life changing*

The final subtheme in this section relates to the importance of a moment of relational depth. Four out of the five participants talk about how it can become a transformative, life changing experience. Mary illustrates the meaning of those moments when she says, ‘I feel like that’s when I kind of get that kind of light on, this is what’s it all about, I’m making progress, I’m learning, I’m becoming a more rounded person, I’m, I’m becoming the person that I want to be’. (Line 344-346), finishing, ‘I feel very lucky [pauses for a long time]’ (Line 326-327). Sarah simply states, ‘It just feels like ‘whoa you really get me.’ Almost like she knows me better than I know myself sometimes or that she can read my mind. It just feels deep, like not on a friendship level beyond that.’ (Line 128-130), while Lucy asserts, ‘It’s therapy at its best. You hit something that enables you to understand something in a different way even if you understood before’ (Line, 207-208). Katie very beautifully sums up the meaning of these moments, ‘I think they are life changing moments those moments. They don’t come often, it’s like catching rainbows. You can’t catch a rainbow, it might land near you or something you know and in a sense these moments are I suppose miracles in a way, they are just extraordinary moments’ (Line 152-155).

5.5.3.5 *Summary of subordinate theme 3: the moment itself*

The general consensus from participants was that the experience of a moment of relational depth was a ‘life changing’ one. When a participant is able to feel loved, accepted, comforted, understood, real, and connected with another, it creates an unforgettable, liberating, beyond words experience.

5.6 Superordinate theme 2 – factors which facilitate relational depth in online therapy

Following on from the last superordinate theme which outlined the nature of the experience of a moment of relational depth in online therapy, this theme looks at which factors helped facilitate that moment of meeting. It was found that what participants reported could be categorised into two subordinate themes: 1) common factors, and 2) specific factors. The first subordinate theme, ‘common factors’ relates to components which are not distinct to online therapy, but which are familiar within therapy in general. The second subtheme, ‘specific

factors' are explicitly applicable only to online therapy. Both subordinate themes are discussed below in more detail.

5.6.1 Subordinate theme 1: common factors

5.6.1.1 Duration of time in therapy

There was a sense from three of the participants that the longer length of time they were in therapy and in a relationship with their therapist, then the more likely they were to experience relational depth. Sarah explains, 'Our relationship has definitely developed and I feel that there is a deeper connection as time has went on, but I do think that there was a base there and something to build upon.' (Line 56-58). Katie repeats a similar thought saying, 'I think time is probably one of the most important elements in the development of [a relationship] as it is in a friendship. You know these things just don't happen over night... I think there has to be good will on both sides and there has to be a sort of natural empathy between those two people otherwise it's just not going to work.' (Line 93-99). Another reason why participants said the length of time in therapy is important is because 'the longer you're in therapy with somebody the less you have to repeat because they know all about you' (Katie, Line 33-35) also saying 'I know exactly her foibles and she knows exactly my foibles and we laugh at each others foibles now. So we have really developed an an online relationship and in fact id say that happened very quickly.' (Line 31-33). Anna also speaks about her therapist knowing a lot about her and therefore being better able to draw conclusions and insights, which for her enabled a deeper connection to occur, 'part of its kind of accumulative knowledge and understanding of my background and em things I've told him in the past so that on that particular occasion when there has been a connection he has kind of pulled that together put that together and come up with something' (Line 254-257).

Three of the participants also spoke about needing to feel an almost 'instant' connection with their therapist, which seemed to cement the relationship, ensure its longevity, and facilitate a meeting at relational depth. Sarah talks about how 'from that first meeting that she [the therapist] understood me and where I was coming from. Don't get me wrong I'm sure the other two therapists were good but they just didn't fit with me and my personality. I think you need to feel comfortable with your therapist and be able to be yourself. With the other two I remember feeling worried about what I was saying and that they would maybe judge me. With Josie I didn't feel that. She was warm and welcoming and I liked the tone of her voice.' (Line 51-56). Lucy states 'I have to feel comfortable with them, I don't think that's about the

medium. I've had a lot of other therapists and for one reason or another I haven't felt comfortable with' (Line 135-136), believing that it comes down to 'personal dynamics' (Line 127) whether or not you connect from the beginning. Mary speaks along similar lines saying, 'you need to have that connection, you need to have a rapport with that person' (Line 93) continuing, 'I wonder if that's partly down to [pauses] the dynamics between 2 people you know if I, if John and I weren't John and I if it would have been another therapist whether the things wouldn't have worked so well' (Line 113-115).

5.6.1.2 Personal and professional attributes of the therapist

This subject was touched upon under the subtheme, 'description of the therapist during a moment of relational depth' above. However, it also has particular relevance to what facilitates a moment of relational depth in online therapy. All of the participants in this study felt that their therapist possessed certain qualities or exuded distinct traits which then enabled this profound connection to exist. These attributes will be discussed below in detail.

5.6.1.3 Holding the boundaries

This subtheme was highlighted by two participants as being a facilitative factor for relational depth, particularly the therapist's ability to tolerate and withstand difficult emotions. Sarah states, 'I worried that online therapy might feel a bit like face time with a friend, but Josie held the boundaries which I think was important' (Line 91-92). She continues, 'She [the therapist] was always on time and I was never left waiting or hanging around for her call. Don't get me wrong there were times when we didn't see eye to eye or she would challenge me about something I said but that was part of the therapy' (Line 112-115). This created an element of trust for Sarah and consolidated her therapist as being a 'real rock (Line 123), which emphasises the solidity and unshakeable nature of the therapist. Katie, who is a therapist herself, also highlights the importance of the therapist holding the boundaries, especially as she can get carried away at times talking about her own work. She states 'because we're both passionate about the online work we do and I could very easily lead her down a path about my very exciting discussions last week with UKCP and online work or whatever but that's not what we're there for. And she's very clear, that if I do start up down one of those streets that she'll say 'that's all very interesting but we're not here for that'. (line, 57-61), encouraging a move away from trivial conversation and towards deeper level relating. Holding boundaries and remaining professional appears to be a significant and contributing factor to relational depth.

5.6.1.4 Competency and flexibility of practice

Two of the participants spoke about how the competency of their therapist as well as their flexibility was facilitative to relational depth. Sarah stated ‘I liked the idea that I could sit at home in the comfort of my surroundings with a cup of tea in hand if needs be. Josie also seemed very relaxed, she wasn’t stiff or stuffy. Her being relaxed I think put me at ease. It seemed like she had been doing online therapy her whole life and not a novice at it. She sat just the right distance from the screen. Close enough to see but far enough away to not feel like she was on top of me. I liked that I could see her and see what she was wearing. I remembered liking that as it meant she wasn’t wearing her pjamas or her slippers (laughs). It made it feel more real and that she was taking it seriously.’ (Line 69-76). She also stated how her therapist was ‘flexible in terms of time. Because I work full time, it was difficult for me to leave work and attend therapy. I also have a family and going out in the evenings didn’t suit. Being able to get the kids to bed and then go to my office and have my 1-hour therapy session at 8:30pm was great. This showed me that she was facilitating my needs and made me feel like she cared’ (Line 80-84). Mary talks about her therapist as not being an ‘average therapist’ (Line 230), but being ‘a mixture of what I call eastern and western. So he’s very, em knowledgeable about western theory but he also applies em, eastern philosophy’ (Line 226-228). She continues, ‘he’s got a range of tools at his disposal and he knows, it certainly feels to me that he, he dips in and out and knows what to use and change things if he needs to’ (Line 254-256). This flexibility and adaptability in the approaches a therapist uses appears to be important to this participant, and helps them reach a level of connection beyond the ordinary.

5.6.1.5 Authentic

Although participants discussed the genuineness of their therapist during a moment of relational depth it was also felt that the authenticity of the therapist has an impact on the ability to reach relational depth. Sarah states, ‘Josie [her therapist] just being herself’ (Line 67) was a factor, continuing, ‘I felt she was genuine with me in a moment like that. It felt that anything she said came directly from her heart. She wasn’t pretending and I got this feeling which I can’t really put words to but again something similar to love. It was a very strong feeling.’ (Line 175-178). Katie also says ‘it’s the genuineness’ (Line 229) that facilitates those moments, continuing, ‘You just have to be there warmly for the person’ (line 235-236). She reiterates this point saying that in those moments, ‘It’s genuine, it’s real, it’s not some

pre-formatic text, that you copy and paste it and hope that it will be the right thing you know, it's from the heart' (line 223-225). The word 'heart' is used by two of the participants and is suggestive of a very true encounter that is coming from the core of the therapist. It is reminiscent of the sharing of the 'soul' which Sarah talked about earlier and implies a meeting of emotion or a coming together.

5.6.1.6 Summary of subordinate theme 1 – common factors which facilitate a meeting relational depth

As noted by participants in this study, the longer you are in a therapeutic relationship with someone, the more likely you are to develop relational depth with them. However, ensuring that a relationship lasts is dependent almost from the first encounter, and also the dynamics that co-exist between therapist and client. Having a therapist who is competent in what they are doing and able to uphold boundaries online was deemed to help facilitate relational depth. In addition, an openness and flexibility of practice with a therapist who displays authenticity in their work was also said to help reach a level of depth beyond the ordinary.

5.6.2 Subordinate theme 2: specific factors

5.6.2.1 Distance

Participants in their accounts of what factors they found to be facilitative towards relational depth spoke about helpful components specific to online therapy. One of these aspects was the physical distance that online therapy offered, and how this then enabled a more open and honest discourse and therefore a deeper level of connection. Sarah states, 'I think the distance between us helped. I knew that she was far away and that our paths would never cross' (Line 166-167). She continues, 'I liked that Josie was in another country and didn't know any of the people I was talking about. I think it helped me open up' (Line 170-171). This was also reiterated by Lucy, 'I find it easier to communicate because there is that distance. I find one to ones intimidating and therefore that slight distance releases that tension. Whether that's good or bad in therapy terms I don't know.' (Line 84-86). Anna also reflected this, 'I've felt quite like relaxed and very free to express what I might want to being on skype rather than being face-to-face' (Line 312-314). These statements suggest that face-to-face therapy can at times provoke a certain level of anxiety and restrain participants from saying what they really want to say, whereas online therapy disbands some of these barriers and grants permission to speak freely.

Although there was a vast physical distance between participants and their therapists, two participants conveyed that, ironically, they felt closer to their therapist online than they would in a face-to-face setting, and expressed how intimate the encounter could be. Lucy, stated, ‘I guess in some ways oddly enough you are a little bit closer. If I was in a room I’d be, probably be like over here if not further back, so maybe there is something, maybe there is more intensity’ (Line 267-269). Anna also confirms, ‘it can feel more intimate than being in a session, em in the same room cos you kind of forget, you almost forget the kind of physical kind of conditions and you’re just purely focused on the conversation and content of that’ (Line 317-319).

5.6.2.2 Convenience

The accessibility and ease of being able to have therapy at a click of a button, at a suitable time and within a home environment was another reply by four out of the five participants in connection with what facilitates relational depth in online therapy. This was cited for a number of reasons. First, having the option of online therapy reduced the overall cost of therapy and therefore ensured that participants attended sessions, thus increasing the likelihood of relational depth occurring. Second, Lucy states, ‘The other thing is the accessibility and the price which means you’re more likely to be there so you’re increasing the chances. I mean actually that is quite significant, when I think of £120 I think maybe I can do without it you know, maybe it’s not a priority, that’s a lot of fucking money you know. When I think £60 and it’s like here in my living room then I’m more likely to do it.’ (Line 269-273) adding, ‘It reduces the amount of reasons I have to say no’ (Line 278-279). Mary talks along similar lines saying, ‘I wouldn’t have been able to afford the sessions as well as the cost of petrol because it would have been an hour there at the time an hour with him and an hour back, that’s three hours a week. The cost of the sessions as well as the fuel has made really big difference. It’s saved me three hours a week as well as the fuel costs’. (Line 164-167).

Sarah, a full-time working mother, talks about how online therapy was able to fit into her busy lifestyle, and the benefits that this afforded her; ‘if we had a really difficult session I could just flop into bed or onto the couch. This was probably actually my favourite thing about having therapy online’ (Line 84-86). Being at home in a comfortable and relaxing environment may allow clients to talk about distressing or painful experiences more quickly than being face-to-face with a therapist, and therefore enabling a deeper connection to exist.

If participants stay on a superficial level relational depth is unlikely to occur. This also fits with the idea that distance is a facilitating factor.

Having online therapy as an adjunct to face-to-face therapy at times when it is difficult to attend, made participants feel like their needs were being met and that their therapist had their best interests at heart. Lucy comments, ‘when you’re travelling you can continue with your therapy and that’s really important to me. So you can be in a series of different places and still have the access’ (Line 104-106). She continues, ‘some of the most “angsty” moments I’ve had are when I’ve travelled so rather than having to suffer and deal with it when I come back I can actually deal with it and process in the moment’ (Line 283-285). It appears that this was important for Lucy and allowed her to build trust in her therapist that she would be there for her. As mentioned previously, being in a trusting relationship is facilitative to relational depth. Anna also talks about how she felt when her therapist was willing to do online therapy at a time when she was having a lot of personal difficulties, ‘I felt very supported and em kind of cared for and em yeah like I could em rely on this therapist as a therapist you know, so yeah I think it was, it sort of strengthened our relationship’ (Line 328-330). She adds, ‘I felt like he had my best interests and he was doing what he could to support me’ (Line 331-332). It is imagined that having a therapist who goes the extra mile must create a memorable and special feeling and thus enable a very deep connection to exist. Sarah attests to this saying, ‘this showed me that she was facilitating my needs and made me feel like she cared’ (Line 83-84).

5.6.2.3 Summary of subordinate theme 2 – specific factors which facilitate a moment of relational depth

Participants in this study spoke about the specific factors which helped enable a meeting of relational depth in their online therapy sessions. They cited the physical distance between themselves and their therapist as a factor as it allowed them to say things which they would otherwise have held back. Also, the convenience of having therapy at the touch of a button and at a discounted rate meant that participants were more likely to attend their session, thus increasing the chances of relational depth occurring. Adding to this was the feeling that their therapist was going above and beyond the usual offerings of a therapist by enabling participants to continue their therapy at a time and location convenient for them. This then enabled a greater level of trust to develop and thus a deeper level of connection.

5.7 Superordinate theme 3 – factors which inhibit the experiencing of relational depth in online therapy

Although only two of the participants stated they did not experience relational depth online, all of the participants were able to convey certain aspects which they felt got in the way. The factors which participants felt hindered relational depth are discussed below.

5.7.1 Technical factors

This subordinate theme captures how technology can inhibit a meeting at relational depth. It is further divided into two subthemes that are discussed in turn.

5.7.1.1 *Connection difficulties*

The biggest factor which all participants felt inhibited relational depth was the connection difficulties which would take place throughout the session. When asked exactly what she felt may inhibit a moment of relational depth Lucy stated, ‘sometimes the practicalities of a rotten signal... That has happened on quite a few occasions, a tenth, maybe less, but that has been a problem. Sometimes we’ll switch to voice but then you don’t have the facial side of things’ (Line 173-177), whilst Joanne said, ‘I think about internet connection and things, like it cuts out, there’s a delay and you can hear yourself and it kind of gets in the way, it just wasn’t the same at all or being in a room with someone’ (Line 69-71). Mary also agrees adding, ‘we had some issues with, em, the quality of the Wi-Fi connection. I moved house last October, there’s been issues with that since I moved but we’ve sorted that out now and it’s great’ (Line 168-170).

Sarah takes this further stating, ‘the only thing that ever frustrated me was when there were connection problems. It didn’t hinder the relationship as such as I knew it wasn’t anyone’s fault, it was just exasperating when you were mid sentence and spilling your hearts secrets out and then all of a sudden I couldn’t hear what Josie was saying or there was a delayed reaction or the camera would freeze’ (Line 97-101). For some clients, having contact with a therapist may be the only contact they have throughout their week and this comment creates a real sense of loneliness and isolation on the part of the participant.

Mark talks about how technical issues would interrupt the fluency of the conversation stating ‘even by today’s standards you can now and then get a delay on either side and that can disrupt the fluency em even if its slightly behind you can have an overlap of talking that would be avoided if you were in person. So in that sense its not quite as fluid’ (Line 100-

103). He continues, 'if you're in a face-to-face conversation in person it just feels a lot more fluid and a lot more organic' (Line 113-114).

5.7.1.2 Visual distraction

Three of the participants spoke about how distracting it was seeing themselves on screen and how very aware they were of this, and how it inhibited the process of relational depth. Mark states, 'I have the little screen of myself in the bottom corner, so for me it's like an extra challenge because its like looking in the mirror for an hour' (Line 85-86). He adds, 'perhaps if I didn't have the early distraction of having to see myself on a screen I think that might have helped hit the ground running a bit more' (Line 310 – 311). Lucy also feels this is an element which hinders relational depth stating, 'I find that really distracting, constantly looking at me and how I'm coming across' (Line 63). She repeats this again later to highlight how it gets in the way, 'this is a problem for me being able to see yourself' (Line 350). Joanne also adds to this saying, 'I find it really difficult, I didn't like it at all, especially being able to see myself, I don't even, I never really like it, I find it really impersonal and quite awkward using skype,' (Line 66-67).

5.7.2 Lack of nonverbal cues

The final technical factor which two of the participants raised regarding what they felt perhaps hindered relational depth from occurring, was the lack of nonverbal cues in online therapy. Katie speaks about how quickly a moment of relational depth can happen and the subtle changes which exist, and therefore if you are not paying attention or do not have a clear vision of the other person, the moment can be easily missed, 'I would say that when it happens it happens very quickly and just as we're sitting today and you can't see that much of me and I can't see that much of you, I miss the body language cues that might have made me realise much more quickly that this was happening'. (Line 279- 281). She continues, 'the pictures not terribly good and the sounds not terribly good and em I guess that I was a bit slow on picking it up because of the lack of body language to go with it. You know she had to say to me, 'Oh my God, I'm finding this very emotional' before I really picked it up and saw that she was crying em whereas if I'd have been sitting in the same room, I'd have noticed it straight away' (Line 282-286). Mary agrees with this idea saying, 'I suppose it's, maybe then the only potential one is that if you can't see someone's face close up emthere's potential for miscommunication, but that's not an issue because I'll just ask. But I suppose that's down to the person that isn't it.' (Line 428-431).

5.7.3 Physical distance

Although distance was cited as a facilitating factor for relational depth it was also named as an inhibiting one by four of the participants, regarding the physical proximity to the therapist. Mark, who did not experience relational depth online, but who has experienced it in face-to-face encounter talks about why the physical distance for him prohibits relational depth. He comments, ‘even though you obviously have the paralinguistic features of seeing someone you’re not in the same room’ (Line 78-79), continuing, ‘You’re almost detached about it’ (Line 83). Joanne also states very explicitly that for her, physical distance is an inhibiting factor, ‘I think I think it’s the distance, like you’re very aware that you’re just not with the person’ (Line 30-31) adding, ‘I think ending the session, you’re not both in the same room like it feels harder to just communicate the time therapy’s over and things like that’ (Line 60-62).

Joanne also compared face-to-face sessions with online therapy, and the biggest difference for her was the lack of physical proximity. She states, ‘you’re just really aware like like even when you’re on the skype call like you’re looking at your face, you’re looking at their face, like you’re just really aware that you’re not in the room with them’ (Line 24-26), continuing, ‘its really hard to explain because it’s still communicating directly with him but there’s just something about not being in a room with someone, being in close proximity, knowing that they’re far away, knowing, its just, I, I even like on a phone call, even though you’re more used to it, I don’t know if you’d have relational depth. It’s just something about, something about being in a room with someone. I think it’s very difficult having communication, even though you can see them, its not in the same place. It just feels different’ (Line 191-197). She repeats this idea throughout her transcript, indicating just how important that physical notion of presence is for her, ‘it’s something about proximity definitely to him that just feels more natural when you’re in a room with someone I think’ (Line 203-204). Again, there is that use of the word ‘natural’ which is associated with the ‘organic’ nature of face-to-face therapy. Finally, Anna states, ‘I think there is a certain feeling of not being together and just needing to know that the other person is with you’ (Line 276-278).

5.7.4 The therapeutic setting

Four of the participants explicitly talk about the home environment and thus the therapeutic setting not being ‘conducive’ to therapy. Mark talks about the ‘cathartic act’ that is involved in going to therapy stating, ‘I think like you’re in your own house or whatever and the call

ends and you're back in with the person you live with and your instantly thrown into that situation, and like if you're in the car or you're walking, you've got that reflection time to think that you don't get with skype' (Line 131-134) continuing, 'sitting on your bed isn't particularly conducive to having a really active discussion. It immediately puts you in a position where you're kind of lethargic. Perhaps if I had an office I could go to, a home office I think id be able to have a more active, maybe as a result profound connection over skype' (Line 304-308). He also talks about the many distractions which exist within the home saying, 'I think when you're in a room with someone it feels very focused whereas if you're in your home environment or wherever you might be there are things to distract you and I think for me, it's more difficult to get in that mindset' (Line 214-217).

Anna also agrees with the therapeutic setting not being favourable, commenting that at the beginning she thought it was 'weird' sitting in her bedroom and wondered, 'how am I going to connect with this person in the same way, it kind of doesn't matter, that evaporates, that sense of im here, im in my own environment and disjointed from this other person. (Line 48-50). She continues, 'I think because you're in your own space, it felt like you really had to focus on this dialogue cus the distraction of being in your own space. Its not like a distraction of the TV on or the phones ringing its more like when you're in a very neutral face-to-face space you've got nowhere else to go and you're just focusing on yourself or what might be on your mind and I suppose just getting into that conversation and the focus of that became the atmosphere' (Line 39-43). She follows this up later in the transcript saying, 'I can be a bit in and out and em the mind can wander in a slightly different way so em, yeah I don't, I think it depends, it's not, it's not every time, it's not like for every time but sometimes it can kind of lose the connection in the conversation a little more easily.' (Line 305- 307).

Lucy also feels there is a difference in the level of focus online vs face-to-face and this is partly due to the setting, stating, 'There's the small possibility that I concentrate slightly less sometimes. If I'm not focusing on getting the best out of it, I tend to drift. When you're sitting one to one you can't disengage really' (Line 68-70) adding, 'the way I'm relating allows me to disengage more should I like. It's quite hard to disengage if you're sitting in a room with somebody, it's easier to disengage with skype' (Line 80-82). Joanne completes this theme with a a similar experience, 'even if there's no one in the house like it sounds silly but the cat could jump on you, or someone could come in the door, the postman could knock

the door like it just doesn't feel, like to me it just didn't feel like a therapy session at all' (Line 26-29).

5.7.5 An element of personal responsibility

Four participants stated that whether or not relational depth happened was down to themselves being active participants. Lucy states 'I would probably say my focus and engagement. There's a lot of kind of things about whether you're ready and whether the moment is right, sometimes it's a matter of pain. You have to be in a certain amount of pain to see the release unfortunately. But I do think focus and actual engagement' (Line 256- 259) adding, 'So it's those times when I'm actually working at it and open' (Line 261- 262). Anna also feels that a lot of it is down to her saying 'the more open and honest I am with him about what's going on for me, em the better work we can do together. The more he can engage with what's going on and I think if anything been a hindrance to that I suppose, I haven't found it easy to always be honest and open with him and just bring things up necessarily that were on my mind but I don't kind of come out with it the way it is in my head. I kind of make it seem understandable or em try and work work it out and then tell him. Whereas I think the more sort of honestly I can speak to him I think the better the sessions are.' (line 112-118). When asked precisely what she thinks may inhibit relational depth Anna stated 'partly my em, willingness to kind of bring something to him which then he was able to kind of get into or em kind of dig around in' (line 253-254) continuing 'I suppose I feel a bit that it is a bit reliant on me to start with and how comfortable I feel' (line 266-267).

Katie also feels that there is an element of risk taking involved saying, 'I just needed to dare to be myself and think outside the box and realise that nothing is impossible if you open your mind to it' (Line 241-243). Joanne confirms this stating that if you stay at a superficial level of talk then relational depth will not be possible, 'I just didn't want to talk about anything really important over skype' (Line 214-215), 'if you're not talking about things that you necessarily want to talk about in therapy, what's the point' (Line 234-235).

5.7.6 Summary of superordinate theme 3 – factors which inhibit the experience of relational depth

All of the participants in the study were able to discuss what they felt impinged upon a meeting at relational depth with the main factor being technical difficulties or distractions including the lack of nonverbal cues during a session. They also listed the physical distance between themselves and their therapist as inhibiting, due to the lack of presence felt as well

as the home environment not being the most conducive therapeutic setting. Finally, participants felt that at times they themselves were a hindrance to the process and that relational depth would only occur if they were willing to take a risk and leap of faith.

5.8 Conclusion

The phenomenological nature of relational depth in online therapy takes into account three separate elements, the self in the relationship, the therapist, and the nature of the moment itself. It has been characterised as an unforgettable, life changing moment which creates a sense of shared satisfaction between therapist and client and a feeling of love, acceptance and comfort for the self. It has also been described as a genuine, authentic and beyond words experience, which is remembered long after therapy has ended.

Participants in this study spoke about both common and specific factors which facilitate relational depth in online therapy. These included such things as the length of time they have been receiving therapy, and the qualities which their therapist possessed. What was noted, is that in order to be in therapy for a prolonged period of time it was important to have a connection with a therapist from the start. It was also important for that therapist to be genuine, flexible in their practice, and to uphold boundaries. More specifically, participants in this study felt that the distance which online therapy offered was of benefit for meeting their therapist at a deep and profound level. This was due to feeling more free to express themselves when not seated directly face-to-face with a therapist, and also the home environment created an atmosphere which felt comfortable and safe. This combined, enabled relational depth to occur. Participants also spoke about how having a therapist who offered an out of hours' approach sends a message that therapy is more than an occupation and that the therapist truly cares for their wellbeing.

Although distance was found to be a facilitative factor, it was also mentioned by participants as an inhibiting one which created a 'detached' atmosphere and a feeling of not being with the therapist. Indeed, some participants felt that the home environment was not the most helpful therapeutic setting, and therefore not conducive to relational depth due to the many distractions which exist. Finally, participants in this study found technical issues to be the biggest inhibitor of relational depth, particularly a poor or interrupted internet connection, the lack of nonverbal cues, and the distraction of seeing themselves online. Participants also

noted that at times their willingness or lack of it thereof to bring something to the session inhibited relational depth, and thus noted personal responsibility as being vital.

Chapter 6. Discussion

6.1 Chapter overview

This chapter reviews the overall themes and discusses them in relation to existing research and theoretical literature in this area. The primary focus of this chapter is given to the research aims identified at the beginning of the study. The findings are also discussed and critiqued with regards the relevance and implications for counselling psychologists and the wider online community of practitioners. Finally, limitations of the study are examined and suggestions for future research explored.

6.2 Summary of findings

The main finding of this research study is that clients who engage in online therapy can experience moments of relational depth via this medium, with results suggesting that females experience relational depth to a greater extent than males. The nature of these moments were described by participants as ‘life changing’, ‘unforgettable’ and ‘beyond words’ which allowed them to feel ‘accepted’, ‘connected’ to and cared for by their therapist. Such moments also enabled participants to reveal a side of themselves not normally shown, which seemed to create a sense of pride or fulfilment in their therapist. Participants also described their therapist as being very professional during such moments with a constant online presence.

Findings also identified both facilitative and inhibiting factors in reaching relational depth online. Physical distance to the therapist was represented in both categories, with some participants feeling that the distance reduced their anxiety and freed them up to have a more open and honest discussion with their therapist and thus a meeting at relational depth. Others felt that the distance created a communication barrier and a rather detached, lonely atmosphere, with the home environment being cited as a rather uncondusive setting to reaching relational depth. Technical factors such as poor quality internet connection, lack of nonverbal cues available via skype as well as the visual distraction of seeing yourself on skype were also named as inhibiting.

Facilitative factors included the length of time a participant had been in therapy as well as the personal and professional attributes of their particular therapist, including their genuineness, their ability to hold boundaries, and a therapist who adopts a competent yet flexible practice.

Finally, participants in the study spoke about the personal responsibility involved in reaching relational depth and how it is very dependent on their willingness to take a chance and open up to their therapist.

6.3 Quantitative inferences: the extent to which relational depth can be reached in online therapy

Only a very small number of participants, thirteen in total, actually completed the quantitative part of the study and therefore the findings in this section must be interpreted and read with caution.

Firstly, the extent to which participants experienced relational depth in their online therapy was noted to be at a 'moderate' level with the frequency in which they experienced relational depth noted as 'only occasionally'. In comparison to Leung's (2008) face-to-face study which found a mean rating of 3.87 on a 7-point scale (1 = not at all, 7 = all the time) the frequency of relational depth reported by participants in this study is lower, suggesting that relational depth may be experienced less frequently online than in a face-to-face encounter. However, due to the small sample size a larger scale research study would be required to draw more evidence on this.

6.3.1 Gender

The most significant finding in this study was between gender differences where the mean Relational Depth Inventory scores for females was significantly higher than their male counterparts. However, these results must be interpreted with caution due to the small sample size. Although Wiggins, Elliott and Cooper (2012) did not find a significant effect for RDI mean scores, they did find that the mean Relational Depth Presence rating for female respondents was significantly higher than males ($t = 2.17$, $df = 141.03$, $p = .03$). The number of females compared to males who completed this study is also in keeping with the studies that have been completed on relational depth thus far with a higher percentage of female respondents than males. As online counselling services are more likely to be used by women compared to men (Dubois, 2004) and indeed women are more likely to access therapy in general (IAPT, 2014), it may go some way to explaining these gender differences. Again, it would be useful to see if the same findings are replicated with a larger sample size.

Both this study and that of Wiggins, Elliott and Cooper (2012) found statistical significance for one measure of relational depth but not for the other in terms of gender which indicates a

need for more research on the relationship between gender and the extent to which relational depth can be reached. A much larger scale research study would also be required in order to draw more definitive results.

6.3.2 Age

To date there have been no studies looking specifically at the relationship between age and the extent to which relational depth can be experienced. The results of this study did not find any significant difference between age and the ability to reach relational depth online. It must be re-iterated however that the sample size was extremely small and a much larger scale sample would need to be conducted before any conclusion can be reached. However, for participants in this study age did not determine the ability to relate at depth.

6.3.3 Therapeutic modality

Previous research by Leung (2008) found that clients of humanistic therapists are significantly more likely to experience relational depth than clients of psychodynamic therapists. However, in the same study there were no significant differences found between humanistic, psychodynamic or CBT practitioners and their experience of relational depth. In this study there was no relationship found between the type of online therapy participants received and the extent to which relational depth can be reached. However, these results need to be interpreted with caution as the sample size was very small. This is certainly an area for future research.

6.3.4 Summary

As stated previously the sample size in this study is too small to draw any definitive statistical conclusions. However, what has been found has been relatively consistent with previous literature on the subject and thus adds to the existing findings. There is a lot more research which needs to be conducted and on a much larger scale in this realm of online therapy and relational depth in order to draw more concrete evidence. The qualitative results, which will be discussed below, give a much richer account of participant's experience of relational depth in online therapy and allow more conclusions to be drawn.

6.4 Qualitative inferences – superordinate theme 1: the phenomenological nature of the experience of relational depth in online therapy

In the previous chapter three subordinate themes were found under this superordinate theme in regards to how participants described the nature of a moment of relational depth. The majority of what participants felt during moments of relational depth are similar in description to Rogers's (1959) three core conditions of unconditional positive regard, congruence and empathy. Cox (2009, p.212) suggested that 'relational depth offers a new and contemporary language with which to see and better describe existing person-centred phenomena' which I feel is portrayed throughout the analysis of the interviews.

6.4.1 Subordinate theme 1: self experiences during moments of relational depth

6.4.1.1 Feeling accepted

Firstly, feeling accepted was a common theme for many and one which can be linked to the notion of unconditional positive regard. Rogers (1957, p. 97-98) stated that unconditional positive regard 'involves as much feeling of acceptance for the client's expression of negative, 'bad', painful, fearful, defensive, abnormal feelings as for his expression of 'good', positive, mature, confident, social feelings'. For participants in the study being open and honest about their feelings whether 'good' or 'bad' and having them accepted and validated by another human being was a very compelling experience and one which they linked to the experience of relational depth.

The description of feeling accepted also corresponds to what participants reported in Knox's (2011) face-to-face study, in which participants stated that they felt 'wholly understood and accepted' when asked about specific moments of relational depth with their therapist. This description is almost identical to what participants in this study described, therefore it seems that in this study whether relational depth happens online or face-to-face the feeling of acceptance is central to that experience.

6.4.1.2 Feeling loved or cared for

Adding to the idea of unconditional positive regard, is the feeling of being 'loved' and cared for during a moment of relational depth. Rogers (1961, p. 86) states that deep or significant therapy is characterised by an 'affectional relationship' in which the client allows the therapist to care for them so that they can then fully accept that caring within themselves. This is reminiscent of a parent-child relationship and can be considered as the therapist

providing a substitute facilitating environment (Winnicott, 1971) which then enables a meeting at profound depth.

Having a therapist who acts as a parent or mother figure has previously been reported in the relational depth literature and noted as being particularly facilitative (McMillan and McLeod, 2006; Knox, 2011). Indeed, some of what participants said in this study in relation to their therapist was similar to a parent soothing a child in distress which illustrated a certain level of pain on behalf of the participant and the therapist taking an active role in easing it. Warner, (2001, p. 184) states ‘therapists who offer relational depth are often presenting clients with something that they longed for throughout their childhood and were never able to have’. One of the participants attests to this saying that to receive reassurance, comfort and love from her therapist was ‘lovely’ because ‘I never had that from my mum’.

Other existing studies have also reported the description of feeling loved or cared for by the therapist during a moment of relational depth. Feeling cared for was listed by most of the participants in Knox’s (2008) study, whilst the factor analytic results in Wiggins, Elliott and Cooper’s (2012) study suggested that love was one element of a relationally deep encounter.

Using the word ‘love’ with regards the therapeutic relationship can be considered controversial, yet the participants in this study didn’t seem to shy away from its use. However, one participant noted her therapist’s reluctance to use the word, ‘he [the therapist] doesn’t call it love, he calls it unconditional positive regard em but that’s what I feel’ (Line 189-190). In Cooper’s (2005) study of therapist’s experience of love, only one participant likened it to the experience of love, suggesting perhaps that therapists are more cautious when it comes to using it.

6.4.1.3 Revelation of a true self

Many of the participants in the study spoke about a revelation or unveiling of a true self during moments of relational depth via online therapy. In person-centred terms this could be considered as the participant striving towards congruence and being their organismic self, a state which is dependent on receiving unconditional positive regard from the therapist and a state considered to be representative of change. This parallels what participants in Knox’s (2011) study reported when they described feeling connected to the ‘real me’ and able to bring the whole of themselves to the relationship in that moment. It also supports the idea that

relational depth may be a distinct and potentially valuable concept for explaining the power of therapy to bring about client change (Wiggins, Elliott and Cooper, 2012).

An alternative, psychodynamic reading would be that the participant is no longer relating through their 'false self' (Winnicott, 1960) defence but through their 'true self' which is developed through a spontaneous authentic experience. Relational depth has been described as such an experience before across previous studies (Cooper, 2005; Knox, 2008, 2011; Macleod, 2009; Morris, 2009; Wiggins, 2007) with participants talking about feeling spontaneous, free, authentic, real, congruent and open during a moment of relational depth. Therefore, it can be assumed from this study that the experience of relational depth online is akin to the nature of the experience in face-to-face therapy and the medium which therapy is delivered does not seem to impact on the authenticity of the moment or affect the 'real' self from being revealed and thus change occurring.

6.4.1.4 Feeling deeply connected

Participants in this study spoke about a closeness and connection with their therapist at a level of depth not usually experienced in ordinary relationships. The word 'connection' was used repeatedly throughout Mearns and Cooper's (2005) book, *Working at relational depth in Counselling and Psychotherapy* and has been found to be highly characteristic of relational depth (Wiggins, Elliot and Cooper, 2012) as well as being listed as one of the qualities associated with a therapeutic relationship in which relational depth can occur (Knox and Cooper, 2010).

When referring to a deep connection with a client, Rogers (1980, p.126 cited in Nelson Jones, 2010) stated 'my inner spirit has reached out and touched the inner spirit of the other.' Although this statement is from a therapist's perspective it is suggestive of a coming together during a moment of deep connection. One participant in this study stated that relational depth was like a 'meeting of emotion' (p. Line 176-178), which indicates a willingness and reciprocity between therapist and client and is similar to the 'two-way' meeting (p. 92), described in Cooper's (2005) study. This idea of both client and therapist coming together suggests that relational depth is an inclusive mutual process and supports existing findings (Cooper, 2005; Knox, 2008, 2011; Wiggins, 2007) on the concept.

6.4.1.5 *Summary of subordinate theme 1: self experiences during a moment of relational depth*

The findings from this study indicates that despite the online setting and the huge distance between participants and their therapists, there did not appear to be any significant difference with how participants in this study experienced relational depth with the face-to-face studies that have already been conducted.

6.4.2 Subordinate theme 2: description of the therapist during a moment of relational depth.

The findings of how participants described their therapist during moments of relational depth had a similar flavour to how they described themselves, which can perhaps be thought of as the therapist acting as a mirror for the client. Therapists were described as being real, genuine, loving and accepting, which correlates with how participants in previous relational depth studies described their therapist (Cooper, 2005; Knox, 2008, 2011; McMillan and McLeod, 2006; Wiggins, 2007). This initial finding suggests that the medium of therapy does not affect or change this experience. However, participants in this study also felt that their therapist emanated specific qualities during a moment of relational depth which was not completely consistent with existing research. This will be looked at in more detail below.

6.4.2.1 *Present*

Probably the most interesting finding was the description of the therapist's presence during moments of relational depth, particularly the therapist being seen as a very 'solid' figure despite not being physically in the same room. Geller & Greenberg, (2002, 2012) state that therapeutic presence involves therapists being physically present in the moment as well as emotionally, cognitively, spiritually and relationally. Hanley (2009) refers to the concept of 'telepresence' which is defined by Rochlen, Zack, and Speyer (2004) as the 'feeling (or illusion) of being in someone's presence without sharing any immediate physical space' (p. 272) and which has been found to be 'a central factor in developing relationships of appropriate depth' (Hanley, 2009, p. 259). It would appear that this is what the participants in this study are alluding to when they talk about experiencing closeness and intimacy despite not being physically together.

In addition, the description of presence in this study differs from the findings reported by both McMillan and McLeod (2006) and Knox (2011) and thus adds a new element to the self of the therapist during a moment of relational depth. In McMillan and McLeod's (2006)

study over half of the participants reported ‘an enduring sense of the therapist’s presence’ in between sessions which they could access as an inner resource during distressing situations. In Knox’s (2011) study, participants described themselves rather than their therapist as having a sense of solidity and tangibility, which although similar in description is not specifically about their therapist. The findings from this study are different in that the perception of presence as experienced by participants during a moment of relational depth was more in line with the ‘telepresence’ description and there was no indication that there was an enduring sense of presence. This appears to indicate a difference between the nature of a moment of relational depth online compared to face-to-face therapy. This would be an area which would benefit from more in depth research in the future.

6.4.2.2 Professional

The description of the therapist remaining professional during a moment of relational depth has only been described once before and in relation to helpful relationship qualities associated with moments of relational depth (Knox and Cooper, 2010) and not the moment itself. Therefore, this finding builds on the existing literature. However, it almost seems like a juxtaposition of what was described previously when participants talked about feeling loved and comforted by their therapist. The word ‘analytical’ which is used by one participant implies the therapist acting as a blank screen with little emotion or facial expression, however it seems that participants liked this stance and saw it as a positive quality. It may be that the quality of the internet connection may have blurred out the actual facial expression leaving the perception of blankness. Other participants used words like ‘professional’ and ‘academic’ to describe the facilitative qualities of the relationship which although not specifically referring to the specific moment of relational depth, does build upon Knox and Cooper’s (2010) findings.

The professionalism of the therapist during a moment of relational depth can also be seen as the therapist holding the boundaries and providing a sense of safety and security for the participant. Clients in Knox’s (2008) study experienced their therapists as providing psychological holding and this finding was reproduced again in the (2011) study where the therapist was seen as holding and supporting the client during a moment of relational depth. This was also found to be a facilitative factor for reaching relational depth in this study and will be discussed in more detail later in this chapter.

6.4.2.3 *Shared satisfaction*

A finding which was reported in this study but has not been expressed in any of the other client only studies is the pride and satisfaction which participants reported seeing on their therapist's face during a moment of relational depth. This finding does however correlate to the 'feeling of satisfaction' reported by therapists in Cooper's (2005) study when asked to describe themselves during a moment of relational depth. One participant in that study said 'there's something that's far more, kind of, satisfying about that than, kind of working at a ... doggy paddle kind of depth'.

In addition, some of the participants in Cooper's (2005) study talked about an active sense of happiness or enjoyment as well as a sense of optimism or hope for the clients during a moment of relational depth. This very much corresponds to this study and how participants felt their therapists emanated a happiness for them that something had been achieved as well as a moving forward and sense of changing together. This is similar to what Knox's (2011) client-only study found in terms of the therapist making it known to the client that they have been impacted upon, and of demonstrating a change in themselves as a result. Here we are reminded of Buber's (1923/2004) emphasis on the importance of being open to being changed by the other in an 'I-thou' relationship, stemming from his belief that he did not have the right to change another person if he himself was not also willing to be changed by them.

6.4.2.4 *Summary of subordinate theme 2: the self of the therapist during a moment of relational depth*

From the results above it appears that participants in this study experienced their therapist rather differently to the studies which have looked at the experience of the therapist in face-to-face therapy. This therefore adds a new dimension to the nature of this experience which may be due to the online medium. The portrayal of the therapist's presence in particular does not match previous descriptions but does link in with the idea of 'telepresence' (Hanley, 2009) indicating that this experience is exclusive to online therapy. The professionalism of the therapist is also rather unique to this study as this is not something which has been depicted before by clients in relation to how they experience their therapist during a moment of relational depth (however it has been noted as a relationship quality associated with relational depth (Knox and Cooper, 2010, Knox, 2011)). Finally, the pride and satisfaction which participants describe has not been reported by any client studies to date, but does

provide evidence to support Cooper's (2005) therapist-only study. One thought would be that due to the online nature of the communication, clients are actually sitting closer to their therapist than they would be in face-to-face therapy and are perhaps better able to pick up these subtle facial expressions. However, this is obviously dependent on the quality of the image and requires more research.

6.4.3 Subordinate theme 3: the nature of a moment of relational depth

6.4.3.1 *'It hits you'*

The unforgettable and unmissable nature of a moment of relational depth described in this study had similarities and differences with previous findings on the topic. It was similar to the description of relational depth being a unique, rare and highly memorable experience in everyday life (Mearns, 1996; McMillan and McLeod, 2006; Knox, 2011; 2013) and thus creating a lasting memory.

However, the main difference seemed to exist in the onset of these moments. In this study participants highlighted the very sudden and unexpected occurrence of relational depth which could be due to the online setting. Perhaps the lack of non-verbal cues, poor quality image on screen and technical difficulties may interfere with participant's ability to register the build up to relational depth, and therefore when a moment does occur it feels abrupt and unforeseen which creates an unforgettable quality. This is an area which would require further research to draw more definitive conclusions.

6.4.3.2 *Beyond words*

In this study participants struggled to find adequate words to describe the experience of a moment of relational depth supporting previous studies (Cooper, 2005; Knox, 2008, 2011) of it being a phenomenon which is beyond words and thus difficult to capture. This finding provides initial evidence that this particular aspect of the nature of a moment of relational depth is the same both in online therapy and in face-to-face therapy and the medium via which therapy is delivered does not seem to affect this in any way. As this study is the first to look specifically at relational depth in an online realm more evidence and research is required to support this finding.

6.4.3.3 *Liberating*

As the results chapter indicated, participants reported a moment of relational depth being a liberating and rather freeing experience which enabled a clarity and understanding about a situation that was not able to be understood completely before. This corresponds to what has been reported previously (McMillan and McLeod, 2006; Knox, 2011; Wiggins, Elliott and Cooper, 2012) on how a moment of relational depth relates to a moment of insight and learning about oneself. Furthermore, as a result of gaining insight and having things make sense, participants stated that they felt more alive and free and spoke about a ‘shifting’ or ‘releasing’ of energy within them. Relational depth has been described before by both therapists and clients (Cooper, 2005; Knox, 2008; 2011) in similar terms providing initial evidence to suggest that the nature of the experience of the moment itself is rather complementary in both online and face-to-face therapy.

6.4.3.4 *Life changing*

The perceived impact and therapeutic value of a moment of relational depth has been researched extensively by a number of authors (Knox, 2008; 2011; Wiggins, 2012) with the general consensus being that it has a positive effect both on the therapeutic process and on client’s lives after the therapy had ended (Knox, 2011). The findings of this study parallel these existing studies and add support that moments of relational depth are ‘life changing’, ‘extraordinary’, ‘miracles’ both in online and offline therapy.

6.4.3.5 *Summary of subordinate theme 3: the moment itself*

Looking specifically at the nature of a moment of relational depth in online therapy it seems that it is much the same as what has been described in the face-to-face literature. The main distinction appears to be in the nature of how the moment occurs, with it being a lot more abrupt and unforeseen in online therapy than in face-to-face. The most significant finding for counselling psychologists is that whether or not participants are receiving online or face-to-face therapy the experiencing of a moment of relational depth appears to be a pivotal one in their therapy process which remains long after therapy has ended and which has the potential to bring about change.

6.5 Qualitative inferences – superordinate theme 2: Factors which facilitate relational depth in online therapy

As mentioned in the results chapter the facilitating factors identified can be split into two categories; 1) common factors and 2) specific factors. These will be discussed below in more detail.

6.5.1 Common factors

6.5.1.1 Duration of time in therapy

The primary finding reported by participants was that the longer they were in therapy and habituated to the process and their therapist, the more likely they were to experience relational depth. This was due to a number of reasons. Firstly, the longer they were seeing their therapist, the more developed the relationship became and therefore a greater level of connection and trust existed between them both enabling relational depth to occur. Knox (2013, p.30) states, ‘specific moments of relational depth are more likely to occur in therapeutic relationships which are perceived by the client as having an enduring depth and closeness’. McMillan and McLeod (2006) also reported an enduring experience of connectedness as an important factor in a deep therapeutic relationship. Therefore, the findings in this study provides further evidence to support the idea that relational depth is facilitated through an established relationship between therapist and client whether or not that relationship exists online or face-to-face.

The idea that the longer the relationship exists the greater connection and depth there will be, seems like a rather obvious conclusion. However, in order to build that relationship and ensure it endures participants felt that they needed to feel an almost ‘instant’ connection with their therapist, citing numerous factors which must come together initially to warrant their return to therapy. This idea of clients being aware from the start of whether a therapist is the right match for them has been reported before in the literature (McMillan and McLeod, 2006; Knox, 2013, Modic and Žvelc, 2015) and has implications for both NHS services and Counselling Psychology practice. Firstly, it raises a question around the possibility of any therapist connecting with any client (Knox, 2013) and may explain why some clients drop out of therapy after just one session. Also, if it is an element that can facilitate relational depth, ‘then it would make sense to find ways to organise services so that clients might have greater choice of therapist, based on perceived affinity’ (McMillan and McLeod, 2006, p.290). The

finding is less relevant for clients attending private therapy as they have means and the choice to end therapy and start with someone new if they wish.

6.5.1.2 Personal and professional attributes of the therapist

As mentioned above, the therapeutic relationship for many participants is the foundation through which relational depth can occur. All of the participants in this study felt that there were certain qualities which their therapist possessed which facilitated a meeting at relational depth.

6.5.1.3 Holding the boundaries

This sub theme was not reported as strongly as the others but some of the participants were rather focused and reliant on their therapist to ‘hold the boundaries’ and ensure that the session did not feel like ‘Facetime with a friend’. This may be due to the nature of the online setting. Being at home is a very relaxed and comfortable environment which means that the level of relating could stay on a very superficial level if boundaries are not in place. This suggests a responsibility on the therapist to ensure that these boundaries are upheld so that a deeper level of relating can take place. Having a therapist who is boundaried was also named as a factor in reaching relational depth by participants in Knox and Cooper’s (2010) study, but again not as strongly as other factors. Other studies (McMillan and McLeod, 2006; Knox, 2011; Modic and Žvelc, 2015) have reported the professionalism of the therapist as important but have not explicitly stated the holding of boundaries as significant, indicating a need for further research on this.

6.5.1.4 Competency and flexibility of practice

Having a therapist who knew what they were doing and who appeared confident yet relaxed on screen seemed to put participants at ease and help facilitate a meeting at relational depth. A therapist who was flexible in their approach was also named as a facilitative factor. Similar to the sub theme above, this specific quality has not been mentioned exactly in the literature before, however just as it is listed under ‘professional’ qualities in this study, it may be what other studies allude to when they talk about the therapist acting in a professional way. Indeed, having an inadequate, unprofessional and inexperienced therapist were named as relationship qualities in which relational depth did not occur (Knox and Cooper, 2010). Although this study provides initial evidence that the professionalism of the therapist is facilitative to

relational depth specifically their ability to uphold boundaries and practice with competency and flexibility more research is needed in this area to understand this quality more fully.

6.5.1.5 Authentic

The therapist's personal attributes of genuineness, realness and warmth was named as a facilitating factor in helping reach that level of connection. Participants felt that if their therapist possessed these qualities then a very true encounter that came from the core or the 'heart' could exist between both individuals. These qualities have been strongly reported in the literature before (Cooper, 2005; Knox, 2008; 2011; Knox and Cooper, 2010) and so this study adds further support to the realness and genuineness of the therapist being an important and facilitative factor in reaching relational depth in both face-to-face and online therapy.

6.5.1.6 *Summary of subordinate theme 1: common factors which facilitate a meeting at relational depth*

The common factors named in this study as facilitating to relational depth have been reported in the literature before suggesting that whether therapy is conducted face-to-face or online they are important elements to promote its development. As this is the first piece of research to look specifically at relational depth in online therapy more evidence is needed to support these findings but for now it is recommended that practitioners aim to incorporate and maintain these factors in their daily work if they hope to reach relational depth with their clients.

6.5.2 Subordinate theme 2: specific factors

6.5.2.1 Distance

All of the participants in the study stated how the distance online therapy offered helped facilitate a meeting at relational depth. The suggestion from participants was that being in a room and being face-to-face with someone can at times provoke a certain level of anxiety and thus restrain participants from saying what they really want to say. When this anxiety is removed it frees participants up and increases the level of self-disclosure. As we know, self-disclosure is an essential ingredient for a successful relationship (Jourard, 1971; Altman and Taylor, 1973; Derlega, et al., 1993) and has implications for reaching relational depth. It has been noted previously that self-disclosure is increased on the internet (Joinson, 2001), with people saying or doing things more openly and with less restraint than they would face-to-face. Parks and Roberts (1998) state that communicating with a stranger online increases

individual self-disclosure which may feel uncomfortable in a face-to-face encounter, while Feltcher-Tomenius and Vossler (2009) comment that anonymity is an important factor for online relationships as it helps influence and enhance trust. Although their therapist is not technically a ‘stranger’ and the client is not completely anonymous, this idea does fit with what participants are reporting. It is also in keeping with Thibaut and Kelley’s (1959) ‘stranger-on-the-train’ phenomenon, in which people feel more at ease revealing intimate aspects about themselves to someone they envisage they will never meet again. This was in fact cited by one participant; ‘there’s no chance of bumping into her. She lives in a different country so I never have to worry about seeing her. I think that would be weird if we were to actually meet in person [laughs]’. Finally, the above findings coincide with what Suler (2004) refers to as the ‘disinhibition effect’ afforded by the internet, and what Cooke and Doyle (2002) found, in terms of disinhibition being the theme discussed most by client participants in their study, who welcomed the freedom to express themselves without embarrassment or fear of judgement. Therefore, online therapy in some circumstances can be considered as a way of lowering participants’ barriers and granting them permission to be more emotionally open and honest which enables a level of deep connection.

Participants in the study who experienced relational depth online spoke about how the sessions feel more intense and intimate than face to face sessions as the physical conditions disappear and the focus becomes solely ‘on the conversation and content’. Online practitioners such as Dunn, Anthony, and Goss state that the online therapeutic relationship develops its own powerful relationship dynamic, which corresponds to what participants are saying regarding increased focus on language and what is being said. This supports the idea of the physical distance in online therapy being facilitative to relational depth as it allows for a closeness and intimacy to occur and therefore a deeper connection.

6.5.2.2 Convenience

The accessibility, ease and affordability of online therapy for many of the participants was found to be a facilitating factor for relational depth as it increased the likelihood of them attending sessions and thus increased the chances of a meeting at relational depth. Face-to-face therapy is more expensive and time consuming than online therapy and therefore may act as a deterrent to people seeking help. Having the option of online therapy increases the availability of support to those in need who may not be able to afford face-to-face sessions or

have the means of getting there, and as a result increases the chances of relating at a profound level.

The convenience of having online therapy at any time and in any place ensures that a good continuity exists between therapist and client. One participant mentioned how being able to process her anxieties during a travelling trip enabled her to move forward then rather than waiting until she returned home. It has been suggested that the experience of relational depth is a short-lived event rather than an enduring experience (Wiggins, Elliott and Cooper, 2007) and therefore processing anxieties as they arise rather than in hindsight may help facilitate its occurrence.

In addition, the convenience of online therapy ensures that at times when clients are unable to make it to a session they are still able to communicate and interact with their therapist. As stated in the results this was seen as the therapist genuinely caring and wanting to support the client and connects with what has been reported before in the literature regarding the therapist being committed (Knox and Cooper, 2010), 'going the extra mile' (McMillan and McLeod, 2006) and offering something 'over and above' (Knox, 2008).

Finally, having therapy at home in a familiar and calm environment may encourage clients to go to painful places which they may avoid going to in face-to-face sessions and allows a profound connection to form between them and their therapist. If participant's stay on surface level talk the likelihood of relational depth occurring is slim, therefore this can be seen as a facilitating factor. This also relates back to distance and the benefits that is offered.

6.5.2.3 Summary of subordinate theme 2: specific factors which facilitate a moment of relational depth

The findings of this study highlights how the physical distance online therapy affords enables an increase in self-disclosure and a greater focus on language and content thus leading to deeper levels of relating. Also having online therapy in your home surroundings by a therapist who is seen to offer something over and above the ordinary leads to a feeling that that they care and an opportunity to engage at depth during difficult or challenging times. Further research on this particular area is needed to help solidify and enhance these initial findings.

6.6 Qualitative inferences – superordinate theme 3: factors that may inhibit the experiencing of relational depth in online therapy

6.6.1 Technical factors

Previous findings into what inhibits a meeting at relational depth have mainly focused on clients' perceptions of the qualities of the therapist and the therapeutic relationship (Knox, 2011; Knox and Cooper, 2010) however, this was not so much a focal point in this study. Rather, participants in the study focused mainly on how technical difficulties experienced online had implications for reaching a deep level of connection.

6.6.1.1 Connection difficulties

Mentioned as the biggest hindrance to relational depth was the internet and connection problems. Indeed, whilst conducting the interviews via skype or video conferencing, every single interview was interrupted or impinged upon in some way because of technical difficulties and the impact on the communication process between myself as the researcher and the participant being interviewed was obvious.

One client used the word 'organic' to describe his face-to-face sessions, which implies a naturalness and ease of communication and therefore implies that online therapy is perhaps more forced and artificial. In a randomised trial of the standardised treatment of posttraumatic stress through the internet, 41% of participants quit the study because of technical problems (Spek et al., 2007). The authors of the study stated in their discussion that they expected these technical problems to improve in the future, however nearly 10 years later the same concerns are still being reported. This is evidently a factor which needs to be addressed and improved upon if the future of online therapy is to remain.

6.6.1.2 Visual distraction

This was something which caused huge anxiety for some of the participants in the study and thus inhibited relational depth. In Cooper's (2005) therapist-only study, participants typically reported a sense of being free from distractions, both internal (e.g. wandering thoughts) and external (e.g. noises) at times of relational depth. Relational depth has also been found to be reliant on client and therapist being focused, engaged and present (Knox, 2008; 2011), therefore if either party is distracted by an image of themselves they will be unable to 'let go' (McMillan and McLeod, 2006) meaning relational depth is highly unlikely. This is applicable to both face-to-face and online therapy, but has particular implications for online therapists as

the number of distractions are many more, therefore they need to be aware of and try and reduce and minimise these potential distractions if relational depth is to occur.

6.6.2 Lack of non-verbal cues

This is something which has been cited as a challenge for online therapy before, particularly how it may rule out highly experiential therapeutic approaches that necessitate in-person presence (Alleman, 2002). Up until this point relational depth has only been looked at in traditional face-to-face therapy, however, this study adds a new and different perspective to the relational depth literature and this finding in particular shows how the lack of non-verbal cues is inhibiting to the process of relational depth. However, it must also be noted that in a study by Leibert, Archer, and Munson (2006) the loss of nonverbal communication occurring online was offset by the gain in anonymous communication. Therefore, it is necessary to conduct further research on this topic.

6.6.3 Physical distance

Being physically far away from the therapist was mentioned as a hindrance to relational depth due to the lonely and solitary atmosphere it created, particularly in times of upset or despair. It is not unusual in counselling psychology practice to reach out and gently touch a client (if it is felt appropriate) during such moments to show that you are there for them and understand their pain. Indeed, humanistic models of therapy (Jourard, 1968; Rogers, 1966) assume that some forms of touch may facilitate the development of openness and sharing (Alagna, et al., 1979). In chapter 1 of *Relational Depth; New perspectives and development*, four therapists share their experience of a moment of relational depth, all of which involve some form of touch either during the moment or after it has happened. This is not to say that it is necessary in reaching relational depth, but the physical act of a hug, or reaching out and holding someone's hand creates a very powerful relationship dynamic and allows something to be communicated non-verbally that would otherwise be impossible to capture. One of therapists explains this beautifully in his summary of working with a learning disability client called Tony;

It was not at all uncommon for Tony to reach out after he finished eating to give me a hug. These hugs were quite special; it may sound strange but they felt so genuine, they felt more than just hugs....I felt a shared sense of gratefulness and a genuine warmth, something very close to love and a tangible bond. I labelled these exchanges

as moments of pure communication or what has also been called ‘relational depth’ (Kenny, Ralph, 2013 p.15)

Unfortunately, in online therapy reaching out like this is not possible and as previously mentioned may leave clients feeling very alone. Although the online literature to date cites distance as a positive aspect of online therapy, the finding above questions this view particularly its implications for reaching relational depth.

6.6.4 The therapeutic setting

As mentioned in the results section some participants in the study felt that the setting of online therapy was uncondusive and interfered with concentration levels. This links back to what was mentioned previously in regards to the client needing to be focused, free from distractions and immersed in the dialogue (Cooper, 2005; Knox, 2008; 2011) if relational depth is to occur.

This was something which I noted as a researcher conducting the interviews from my home office. I was very aware that other people were at home and was conscious that I could be interrupted, despite fore-warning family and requesting they keep quiet. Also throughout one or two of the interviews my landline rang and the conversation had to be halted as we both waited for it to ring off. One aspect of a relationally-deep encounter is a sense of being ‘immersed’ in ‘involved’, ‘focused’ or ‘engaged’ with the client and the therapeutic work (Cooper, 2005). Additionally, having all of the therapist’s attention, focus and presence was highlighted as a relationship quality associated with relational depth (McMillan and McLeod, 2006; Knox and Cooper, 2010; Knox, 2011). Therefore, from a therapist’s as well as a client’s point of view this can all be very difficult if there are distractions around and may inhibit relational depth.

Following on from this relates to the actual act of going to and from your therapy session which was mentioned by one participant as a cathartic act which enables a level of processing and thinking that does not happen with skype or video conferencing, and which was felt to inhibit relational depth. With Skype, you are immediately connected with your therapist and then immediately transported back into life when the session ends. Suler (2002b) talks about the ‘zone of reflection’ which occurs in an asynchronous e-mail exchange, which allows both therapist and client to pay close attention to their own process whilst still engaged in a dialogue. However, with skype or video conferencing this does not occur due to the real time

nature of the communication. This therefore posits the question of whether relational depth can actually be experienced after a therapy session has ended in those periods of reflection. However, I would suggest that this idea is something which requires further research and may be interesting to look at specifically in relation to email or text based therapy.

6.6.5 An element of personal responsibility

This sub theme was a prominent one in participant's accounts of what they felt inhibited relational depth with a focus on themselves as the agent responsible for reaching relational depth. Participants spoke about needing to be pro-active, daring and willing to take a chance if relational depth was to occur. This has been reported in the literature before, with previous study participants talking about 'making a leap of faith' (McMillan and McLeod, 2006; Knox, 2011), making a decision or taking a risk (Knox, 2011). Therefore, the findings of this study lends supports to the idea that it is the client and not the therapist who is crucial in initiating a meeting at relational depth (Knox, 2012). Therefore, independent of the type of therapy being offered relating at a level of depth ultimately relies on a person's own willingness to engage at that level.

6.6.6 Summary of superordinate theme 3: factors which inhibit the experience of relational depth.

Technical factors were deemed to be the most inhibiting in reaching relational depth in online therapy. This was followed by the lack of physical proximity to the therapist and the home setting being labelled uncondusive. It is interesting that some participants found the distance and the setting inhibiting and distracting whilst others found these to be facilitating factors. This is an area which requires further research to perhaps decipher why this is the case. It also calls for guidelines for therapists on how best to manage or eliminate these distractions and what is the most successful way to engage in online therapy. Finally, the client's own readiness to engage at depth is something which has been mentioned before and has been found again in this study indicating that this is an important factor in reaching relational depth. It is worth noting that in this study participants did not report sensing an invitation from their therapist to relate more deeply or a feeling that their therapist was 'on their side', it was more their own readiness to engage which may be something unique to online therapy.

6.7 Implications for online practitioners and counselling psychologists

The findings outlined in this study offer an understanding into the extent to which relational depth can be reached in online therapy and what factors facilitate and inhibit that process. What has been identified is that it is possible to experience relational depth via a computer mediated form of therapy, more specifically Skype and this is facilitated by a number of factors. Firstly, the length of time participants have engaged in online therapy as well as the personal and professional qualities of the therapist were noted to be helpful. The distance and convenience offered by online therapy was also noted as a factor as it created a freedom of expression not permitted in face-to-face therapy. Conversely, for some, the possibility of reaching relational depth online was hindered as a result of the distance, particularly how far away participants felt from their therapist. The home environment was deemed inhibiting due to the many distractions it posed and thus impacted on focus and concentration. Finally, the technical factors named were the most significant inhibitor to relational depth, creating a lonely and solitary atmosphere for participants whenever they occurred. This research has importance for the practice, supervision and training of both face-to-face and online therapists which will be discussed below in more detail.

6.7.1 Implications for practice

There are a number of issues arising from this study which firstly apply to face-to-face therapists who may be worried or concerned about the ability to recreate certain therapeutic conditions online. It seems that it is not about the ability to recreate but more about the different dynamics online therapy offers which then creates a different set of interactions which can enable a moment of relational depth to occur. Whether it is the ‘disinhibition effect’ which online therapy allows or the safety net of being in your own home, there are certainly advantages to this way of communicating. Also, it seems that having a therapist who adopts a flexible approach to therapy with a relaxed yet experienced and genuine persona can help relational depth be achieved.

For those therapists that are sceptical and reluctant to offer online therapy, perhaps this research provides some insight into how important having it as an option is for clients, particularly at times when they cannot make their therapy sessions. By going beyond what is expected creates a level of trust and therefore an opening up which is a facilitating factor for relational depth. In addition, the convenience and affordability of online therapy is undeniable and as this research shows that is hugely important for clients who want to

continue with therapy but who, due to financial reasons, may not be able to afford it. As stated previously the more a client engages with the therapeutic process and becomes accustomed to the online way of working then the likelihood of relational depth occurring is increased.

However, as not all participants were able to experience a moment of relational depth with their therapist, this has implications for therapists currently practicing online, particularly humanistic therapists who place the therapeutic relationship at the heart of the therapeutic endeavour and who see it as a healing mechanism. Although this study did uncover some of the factors which hindered that level of connection, there is more work to be done on this. Why is it that some individuals can experience relational depth whilst others cannot? Is it due to individual differences and a preference of face-to-face therapy? Is it related to the type of therapy they are receiving? For example, is relational depth experienced more with therapists who practice humanistic therapy and less with CBT therapists? These are all questions which may provide answers and add to the existing literature.

In addition, how can therapists ensure that they are practicing online therapy safely, optimally and effectively? We know from the study that reaching a level of relational depth is just as life changing and significant online as it is face-to-face therefore it is imperative that therapists attempt to create the right atmosphere and ensure a strong presence online which will hopefully invite clients into a deep level of relating.

6.7.2 Implications for training and guidelines

Despite the prevalence of online therapy, there is currently no provision in core therapy training to consider the difference between online and face-to-face methods (Anthony, 2014). Anthony (2014) highlights the importance of therapists keeping abreast of digital culture and the type of online environments that clients inhabit regardless of whether they practice face-to-face or online. In her article *Training therapists to work effectively online and offline within digital culture* she reminds us of how young people are affected online as well as the sometimes devastating consequences i.e. suicide that can occur as a result. She states:

without current and future practitioners knowing how and why this behaviour happens and its outcomes, we are producing a profession that simply cannot connect to clients at a basic level. This level of education for potential graduates of counselling and psychotherapy not only needs to happen within core training, but it also requires a

constant updating of the fast pace of how new technologies bring new issues.
(Anthony, p. 38-39, 2014)

Indeed, it was only whilst undertaking this research project that I became aware of some of the mental health issues which exist as a result of the digital age in which we live. These include self-trolling (an online form of self-harm); ‘catfish’ relationships (posing online as someone who is not the reality to maintain a (usually) romantic relationship); and Munchausen by Internet (posing as someone with a serious health condition, also Munchausen by Proxy by Internet, posing as someone with a dying relative or partner, for example). This made me consider how many of my colleagues are aware of these potential issues and the need for training courses to provide an element of teaching related to this area.

Current BACP (2009) guidelines for online counselling and psychotherapy recognise the need for online work to be carried out by experienced and professional practitioners with at least a diploma level qualification or international equivalent. The guidelines also strongly recommend that ‘practitioners undergo further specialist training which should incorporate theoretical, practical and ethical considerations of online work and include experiential elements’ (Anthony and Goss, p. 5, 2009). However, these current guidelines relate only to text-based communication over the internet and do not apply to video-conferencing or telephone based support. To date there is no specific UK document relating specifically to this area which is something which needs addressing, particularly around risks to confidentiality. It was noted that six out of the seven participants interviewed in this study all engaged with their therapist via Skype. However, Skype is not a secure web based platform and is not HIPAA compliant, which is the gold standard of data privacy in the health care profession. Dr. Kate Anthony, who is one of the leading world experts in the use of technology for mental health, states ‘[p]ractitioners should not be using Skype to conduct therapy or counselling over the internet because it does not meet appropriate data privacy and security standards’.

6.7.3 Implications for supervision

It is hoped that the facilitating and inhibiting factors of relational depth in online therapy outlined in the study above will be of interest to supervisors both familiar and unfamiliar with online work. The idea of ensuring a strong online presence and being flexible with whatever approach adopted is not only important for client work but also for the supervisory relationship, if it too exists solely online. Although it is still being debated, it is currently

suggested as useful to provide online supervision to online therapists, as the parallel process involved may throw light on the process (Weitz, 2014). This is something which I found as the researcher conducting the interviews with participants via the same mode by which they received therapy. It indicated to me both the advantages and disadvantages of this way of working and enabled a new learning and experience to be gained. However, it has also been suggested that it may be useful to consider different modes of communication (e.g. webchat, telephone, face-to-face) as it may be helpful in providing other insights and add additional social cues to work with (Francis-Smith, 2014).

6.8 Limitations of research

Although this research has found helpful and useful material about the nature of relational depth online and what factors facilitate and inhibit that experience, it is not without its limitations. Firstly, the number of participants who took part in the quantitative part of the study was extremely small, therefore the results must be read with caution. Also, all participants who took part in the qualitative part of the interview came from a Caucasian background, therefore the sample does not represent culturally diverse opinions and experiences. However, this in itself may indicate the type of individuals who access online services and add to the existing notion that private therapy is over represented by white middle class individuals. Adding to this is the fact that six of the participants were female with only one male participant, which again is not a representative sample. There were also limitations with having two participants who were therapists, one who did experience relational depth online and one who did not. It is anticipated that even at an unconscious level their views would have been influenced by their training and experiences as a therapist as well as their opinions about online therapy in general. A further limitation is that all participants who partook in the the interview stage engaged in Skype therapy which is only one form of online therapy and probably the closest to a face to face session. Having a more diverse range of online therapies may have created a different set of results.

It must also be noted that the choice of analysis used in the qualitative section of the study is just one individual's attempt to interpret participants' accounts of their experience and another researcher or methodology may yield very different results. Furthermore, during the analysis stage of the study, at times it was difficult to distinguish between whether participants were talking specifically about a moment of relational depth or the relationship in general as both seemed to blur together at certain points. This was also noted by Knox (2011)

in her study where there seemed to be an ‘overlap between the perceived qualities and nature of the specific moment and those of the whole relationship’ (p. 308). I as the researcher must also take a certain amount of responsibility for this as the interview questions which were asked may at times have evoked responses about the relationship rather than relational depth. Additionally, the questions posed may have at times biased the answers and could be considered suggestive particularly when asking about negative aspects of the relationship.

6.9 Suggestions for further research.

Findings from this research indicate that relational depth can be experienced by some individuals online whilst others are unable to reach that level of depth with their therapist, despite experiencing it face-to-face. This study was conducted on a very small scale so doing a much larger study would be something which would be helpful in the future. In addition, although this study has identified factors which inhibit relational depth from occurring, one area of future research would be to look at this more specifically and extensively. It would also be interesting to measure the extent to which relational depth can be reached depending on the type of therapy being received and how this compares or differs to the face to face studies. It would also be interesting to look at each form of online therapy and compare the level of relational depth reached between each one. Finally, I would be interested in doing a similar study like this one but looking only at text based therapy which has no visual or vocal cues.

Chapter 7. Conclusion

This research suggests that relational depth can be experienced in online therapy and the nature of that experience has many similarities to what has previously been described in the face-to-face therapy literature. Overall, the experience of relational depth in online therapy for participants in this study was one of acceptance, love and connection, with an ability to reveal their true authentic self as a result. Participants in the study experienced their therapist in a similar way, describing them as accepting, loving and genuine during a moment of relational depth. Additionally, therapists were felt to be very present during a moment of relational depth as well as looking proud and satisfied that something had been achieved. Finally, participants felt that therapists were professional as well as boundaried during such moments. The moment itself was described as moving, life changing and beyond words, and something that remains long after therapy has ended.

The factors which were felt by participants to facilitate a moment of relational depth in online therapy was firstly the length of time they had been in therapy. Participants felt that the longer the relationship existed between them and their therapist, the more likely they were to develop relational depth. However, participants spoke of needing to have an almost instant connection with their therapist from the beginning if the relationship was to last. Secondly, having a therapist who offered a flexible and professional approach to therapy was deemed facilitative as was having a therapist who was genuine and competent in their practice. More specific to online therapy, and noted as promoting relational depth, was the distance between therapist and client. Participants felt that this enabled a freedom to express certain issues which would have created anxiety in a face-to-face setting. Also, the accessibility, ease and affordability of online therapy for many of the participants was found to be a facilitating factor for relational depth as it increased the likelihood of them attending sessions and thus increased the chances of a meeting at relational depth. This also created a feeling that their therapist was offering something above and beyond the normal dyadic relationship and that they truly cared which increased trust and enabled a meeting at relational depth. Finally, participants in this study felt that relational depth was a mutual process and that both therapist and client had to remain focused, engaged and attuned to each other if relational depth was to occur.

Factors which were deemed as inhibiting to relational depth were mainly the technical issues which occurred during a session, as this interrupted the fluidity of the conversation and created an anxiety about having no backup if problems were to continue. Also listed by participants was the distance between them and their therapist due to the lack of presence as well as the element of distraction involved when having therapy from home. Finally, participants felt that the lack of non-verbal cues was a factor, as well as feeling that at times they themselves were a hindrance to the process and that relational depth would only occur if they were willing to take a risk and leap of faith.

7.1 Closing reflections

Now at the end of this research journey I am able to sit and ponder over the last three years. As a general optimist, I firstly call to mind all the knowledge, insight as well as personal and professional learning I have gained from this process. Personally, this piece of work has taught me perseverance, commitment and endurance, qualities which at times throughout this quest I doubted I possessed. It has also taught me patience, determination and to never give up. On a more professional level, I have deepened my knowledge and expertise on two subject areas which although interested me before I did not know an awful lot about.

Speaking and listening to participants has also taught me a great deal, particularly about the therapeutic relationship in general. As a trainee psychologist on placement I used to find myself getting upset or annoyed with myself when a client did not return to therapy or dropped out after only a few sessions. I would wonder what I had done wrong, and hearing first hand from clients that this is not always the case but rather just individual differences between two people has eased my anxieties and allowed me to accept that I will not always be the right fit for everyone that walks through the consulting room door.

One of the most disappointing elements for me in this piece of research has been the lack of participants who participated in the quantitative part of my study and therefore feel that one of my research aims has not been fully answered. However, I do appreciate that recruitment is never an easy task and can be the downfall of many research studies. I am therefore glad that I choose a mixed methods research methodology as it allowed me to incorporate a qualitative strand and enabled me to gather extremely rich, detailed and relevant results. I therefore hope to see more mixed methods research in the counselling psychology field in the future.

Finally, I feel that this research project has increased my confidence in my ability to undertake further research studies in the future and has encouraged and cemented the importance of continuing to work as a scientist practitioner.

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- <https://www.nice.org.uk/guidance/ta97/resources/computerised-cognitive-behaviour-therapy-for-depression-and-anxiety-373026349>ETHICAL APPROVAL

Chapter 8. Appendices

Dear Aisling,

Ethics Application

Applicant: Aisling Treanor

Title: To what extent can Relational Depth be reached in email and text based online therapy and what factors facilitate or inhibit that experience?

Reference: PSYC 15/ 201

Department: Psychology

Many thanks for your response and the amended documents. Under the procedures agreed by the University Ethics Committee I am pleased to advise you that your Department has confirmed that all conditions for approval of this project have now been met, except for the minor condition below.

Minor Condition:

Given that participants will be selected for interview only from those with a high or low score it does not seem to fully accurate to say they will be randomly selected. It is recommended that a phrase such as "A sample representative of the range of scores will be selected..." or similar.

As this is only a minor condition it is assumed that you will adhere to this condition for approval and therefore we do not require a response. We do not require anything further in relation to this application.

Please note that on a standalone page or appendix the following phrase should be included in your thesis:

The research for this project was submitted for ethics consideration under the reference PSYC 15/ 201 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 30.03.16.

Appendix 1

Ethical Approval

Please note that University of Roehampton ethics approval will always be subject to compliance with the University policies and procedures applying at the time when the work takes place. It is your responsibility to ensure that you are familiar and compliant with all such policies and procedures when undertaking your research.

Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.

Many thanks,

Jan

Jan

Ethics Officer

Research

University of Roehampton | London | SW15 5PJ

jan.harrison@roehampton.ac.uk | www.roehampton.ac.uk

Tel: +44 (0) 20 8392 5785

Harrison

Office

ETHICS

MINOR AMENDMENT FORM

(March 2014)

Please use this form if any changes are made to your project:

PLEASE CHECK THE RELEVANT BOX

(NB. double click on the check box and select 'checked')

MEMBER OF STAFF ☐

RESEARCH STUDENT x☐

(MPhil, PhD, EdD, PsychD)

EXTERNAL INVESTIGATOR ☐

STUDENT (Other) ☐

PERSONAL DETAILS

Name (lead):

Aisling Treanor

Other investigators:

Appendix 2
Ethics Minor Amendment Form

Email: <i>(all correspondence will be sent by email unless otherwise requested)</i>	treanora@roehampton.ac.uk		
FOR STUDENTS ONLY:			
Programme of study:	PsychD Counselling Psychology		
Mode of study (full-time/part-time)	Full Time		
Director of Studies: (If you are on a taught course please give the name of your tutor)	Mick Cooper		
FOR EXTERNAL INVESTIGATORS ONLY <i>(please see Section 4.5 of the Ethical Guidelines):</i>			
Name of Academic Assessor:			
PROJECT DETAILS			
Title of project:	To what extent can Relational Depth be reached in email and text based online therapy and what factors facilitate or inhibit that experience?		
Start date:	October 2015	Approval Date of Ethics Application:	01/02/16
Please briefly outline the changes made to your project and reasons for these			

My original project aimed to look at individuals who had received online therapy in the form of email, text or instant messaging. However due to the lack of respondents I would like to broaden these criteria to include skype and video conferencing.

P.6 Ethics application & Appendix 6

Original

Online therapists offering therapeutic input via email, text based or instant messaging will be approached via email (Appendix 2) and asked if their clients would be interested in taking part in the study. They will be recruited from a variety of online websites and all therapeutic orientations will be included. Participants will also be recruited through social media sites by posting a link to the survey and inviting them to take part (Appendix 3). Inclusion criteria includes

- Being 18 or older
- Have had a minimum of 3 online therapy sessions
- Engaged in online therapy within the last year
- Online therapy must have been either email, text or instant messaging

Amendment

Skype and video conferencing to be included also.

p.10 Ethics application & Appendix 2

Original

Inclusion criteria will also be forwarded to therapists indicating the participants able to take part. This will include:

- Being 18 or older
- Have had a minimum of 3 online therapy sessions
- Engaged in online therapy within the last year
- Online therapy must have been either email, text or instant messaging

Amendment

Skype and video conferencing to be included also.

Applicant's Signature: Aisling Treanor

Please use an electronic signature or type your name

Date: 9th June 2016

OFFICE USE ONLY

- ☐ Approved (minor changes - no further action required)
- ☐ Departmental approval needed (Ethics Approval Form attached)
- ☐ Other – see comments below

COMMENTS

Name & Position:

Date:

Dear Aisling,

Ethics Application (Amendment)

Applicant: Aisling Treanor

Title: To what extent can Relational Depth be reached in email and text based online therapy and what factors facilitate or inhibit that experience?

Reference: PSYC 15/ 201

Department: Psychology

Original Approval Date: 30.03.16

Under the procedures agreed by the University Ethics Committee I am pleased to advise you that your Department has approved the amendment to your above application dated 09.06.16 subject to the following minor conditions:

Minor Conditions:

- i. With the inclusion of these additional forms of online therapy for recruitment purposes, please ensure that any changes needed to the semi structured interview (Appx 5) are made as appropriate.
- ii. Please ensure that the item 'Which type of online therapy are you receiving' in the Qualtrics survey (Appx 1) provides Skype and Video Conferencing options.
- iii. It is stated in the amendment form that Appendix 6 will be updated. Please ensure that the relevant amendment to this document is made.

Appendix 3
Minor Amendment Approval

- iv. Please ensure that your proposed change to the title (in last email to Jan Harrison) is made across all relevant participant documents.
- v. Please note that no changes are needed to the original ethics applications.
- vi. We do not need to see evidence of the above alterations, but please let us know if you require clarification of any of the above points.

As these are only minor conditions it is assumed that you will adhere to these conditions for approval and therefore we do not require a response. We do not require anything further in relation to this application.

Please Note:

- **This email confirms that all conditions have been met and thus confirms final ethics approval for this amendment (it is assumed that you will adhere to any minor conditions still outstanding, therefore we do not require a response to these).**
- **University of Roehampton ethics approval will always be subject to compliance with the University policies and procedures applying at the time when the work takes place. It is your responsibility to ensure that you are familiar and compliant with all such policies and procedures when undertaking your research.**
- **Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.**

Many thanks,

Jan

Jan

Ethics Officer

Research

University of Roehampton | London | SW15 5PJ

jan.harrison@roehampton.ac.uk|

www.roehampton.ac.uk

Harrison

Office



EMAIL TO THERAPISTS

Dear _____,

My name is Aisling Treanor and I am a final year counselling psychology doctoral student at University of Roehampton. I am currently trying to recruit 200 participants for my research study which is titled “To what extent can Relational Depth be reached in email and text based online therapy and what factors facilitate or inhibit that experience?”

The aim of the study is to:

- 1) To identify the extent to which relational depth can be experienced in online therapy
- 2) To identify the nature of the experience of relational depth in online therapy?
- 3) To identify factors that may facilitate the experiencing of relational depth in online therapy?
- 4) To identify factors that may inhibit the experiencing of relational depth in online therapy?

The study has been developed by myself and Professor Mick Cooper and has been approved under the procedures of the University of Roehampton’s Ethics Committee on 30/3/16

I appreciate that you may get many requests like this but I feel both you and your clients’ participation will help us understand more about the nature of online relationships and the potential of online therapy in general.

All information received will be treated with the utmost respect and in a confidential manner. All questionnaire responses will be stored safely and securely on a password protected computer.

If you would like to take part in this research then I would be extremely grateful if you could forward the link below to any clients whom you are currently providing therapy to. The link includes the relational depth inventory and relational depth frequency scale as well as a short demographic questionnaire. This should take client’s between 10-15 minutes to complete. The link also includes the participant information sheet and consent form. The inclusion criteria is as follows:

- Being 18 or older
- Have had a minimum of 3 online therapy sessions
- Engaged in online therapy within the last year
- Online therapy must have been either email, text or instant messaging

Appendix 4
Email to therapists

On completion of the questionnaire I am requesting any participant's who would be willing to take part in a follow up interview get in touch with me via my email address which I have provided. I am seeking to interview between 6-10 participants which will take place via the same mode they receive therapy.

If you have any questions or concerns relating to the study then please do get in touch and I will be happy to answer them.

Kind Regards
Aisling Treanor.

SOCIAL MEDIA INVITE

Twitter

Have you ever had online therapy? Would you be willing to share your experience? If so please click on the link & follow the instructions.

Are you currently receiving online therapy? Would you be willing to share your experience? If so click on the link & follow the instructions

Facebook & Linked In

I am currently trying to recruit participants who have engaged in online therapy in the past or are currently receiving online therapy, for my research study which has been developed by myself and Professor Mick Cooper and has been approved under the procedures of the University of Roehampton's Ethics Committee on 30/3/16

Your participation will help us understand more about the nature of online relationships and the potential of online therapy in general.

All information received will be treated with the utmost respect and in a confidential manner. There will be no identifiable data and therefore no risk of anonymity being compromised. All questionnaire responses will be stored safely and securely on a password protected computer.

If you would like to take part in this research then please click on the link below.
You must be;

- 18 or older
- Have had a minimum of 3 online therapy sessions
- Engaged in online therapy within the last year
- Online therapy must have been either email, text or instant messaging

3/17/2016

Qualtrics Survey Software

Questionnaire Introduction

Information Sheet

You are invited to participate in a research study that is being carried out as part of a final year student's counselling psychology doctorate at University of Roehampton. Before you decide whether or not you want to take part, it is important that you understand what the research will entail and the role that you will play. Please read the following information sheet and feel free to email the researcher with any questions if there is something which is not made clear.

The research project is looking at the relationship between therapist and client in online therapy. Taking part in the study is entirely up to you. If you agree to take part in this study you will be asked to sign a consent form and to complete two short questionnaires about the relationship between you and your therapist. This should take between 10- 15minutes to complete. If you agree to participate you will also be required to give some demographic details about yourself such as age, gender, ethnicity etc. However if you later change your mind, you have the right to withdraw without giving a reason but any data in an aggregate form may be used/published.

Furthermore, if you would be willing to partake in a follow up interview then please get in touch with the researcher (Aisling Treanor) via the email address at the bottom of the survey. Up to 10 people will be randomly selected to take part in this follow up interview which will last approximately 60 - 90 minutes and will take place via the same mode you receive therapy e.g. if you receive email therapy then the interview will be conducted via email. It will be conducted at a time that is convenient to you and your responses will be stored in a safe and confidential manner. No one other than the researchers will have access to your individual responses.

The benefit of taking part in this research is that you can help contribute towards a new and emerging field of psychology i.e online therapy as well as giving you a chance to reflect on your own personal therapeutic journey and the relationship with your therapist as it stands now. The disadvantage of taking part in this study is that there may be a small likelihood that thinking about your therapy may evoke some distressing feelings. If this occurs, you can contact the Principal Investigator of the study, Aisling Treanor (contact details below), who can help you identify the most appropriate source of support. A list of external agencies that you can contact should you require help and support will also be provided.

If you have any complaints regarding the research project, you can contact the University who will ensure that such events are taken seriously and addressed immediately.

This study has been developed by psychotherapy and counselling researchers at the University of Roehampton, UK and has been approved under the procedures of the University of Roehampton's Ethics Committee (30/3/2016). There is no payment involved for taking part. Please do not hesitate to contact the researcher or the project supervisor on the email addresses below if you have any further questions or would like more information.

Aisling Treanor (Principal Researcher)

treanora@roehampton.ac.uk

Mick Cooper (Director of Studies)
mick.cooper@roehampton.ac.uk

Diane Bray (Head of Department)
d.bray@roehampton.ac.uk

Thank you for your time in considering this invitation.

INFORMED CONSENT

I agree to take part in this research, and am aware that I am free to withdraw at any point without giving a reason, although if I do so I understand that my data might still be used in a collated form. I understand that the information I provide will be treated in confidence by the investigator, that my identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy. I confirm that I am 18 years old or older.

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

I have read and understood the above statement and agree to take part in the following study

DEMOGRAPHICS

What is your gender?

Male

Female

What is your age?

In which country do you reside?

Please select your ethnicity

Indian
Pakistani
Bangladeshi
Other Asian Background
White British
White USA
White Irish
White Other Background
White and Black Caribbean
White and Black African
Mixed White and Asian
Other Mixed Background
African-American/Black USA
Caribbean
African
Other Black Background
Chinese or Chinese British
Hispanic/Latino
Other Ethnic Background
Not Known
Prefer not to say

With respect to being a client/patient in psychotherapy or counselling, which of the following are true?

I am about to start (within the next month) seeing a therapist
I have just started seeing a therapist (one initial meeting)
I am currently seeing a therapist (more than one meeting)
I have recently completed a course of therapy (within the past month)
I have attended counselling or psychotherapy in the past
I have not attended counselling or psychotherapy in the past

Which type of online therapy are you receiving?

Appendix 6

Qualtrics Survey

Text based

Email

Instant messaging

I am not receiving online therapy.

How often do you engage in therapy with your therapist

Once a week

More than once a week

Once a fortnight

Once a month

Less than once a month

How long have you been with your current therapist

Less than 1 month

1 month - 6 months

6 months - 1 year

1 year - 2 years 2 years or more

Why did you choose online therapy over face to face therapy?

What do you like about online therapy?

What do you dislike about online therapy?

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Qualtrics Survey

Would you recommend online therapy to a friend?

Yes

No

Would you choose to have online therapy again?

Yes

No

Relational Depth Inventory

Below you are asked about a particularly helpful moment or event which you might have had during a therapy session. Please take a minute to think back over your relationship so far with this therapist. Of the events which have occurred so far, select a specific moment or event that stands out in your mind as particularly helpful. Please briefly describe this helpful moment or event below in a few sentences, and indicate about how long ago or in roughly what session it occurred.

Now, with this specific moment or event in mind, please rate how accurately each of the items below fits your experience. Please tick the appropriate box to indicate your answer.

I felt a sense of freedom

Not at all

A little

Moderately

Very much

Completely

There was give and take between me and my therapist.

Not at all

A little

Moderately

Appendix 6

Qualtrics Survey

Very much
Completely

I felt my therapist respected me

Not at all
A little
Moderately
Very much
Completely

I felt I was 'living in the moment'

Not at all
A little
Moderately
Very much
Completely

I felt my therapist knew what it was like for me

Not at all
A little
Moderately
Very much
Completely

I felt a spiritual experience

Not at all
A little
Moderately
Very much
Completely

My therapist and I both knew what was in each other's mind

Appendix 6

Qualtrics Survey

Not at all
A little
Moderately
Very much
Completely

I felt more alive

Not at all
A little
Moderately
Very much
Completely

I felt a kind of magic happen

Not at all
A little
Moderately
Very much
Completely

I felt my therapist and I were both connected in some way

Not at all
A little
Moderately
Very much
Completely

I felt my therapist trusted me

Not at all
A little
Moderately
Very much
Completely

Appendix 6

Qualtrics Survey

I felt my therapist was being genuine with me

Not at all
A little
Moderately
Very much
Completely

I felt the atmosphere was kind of awesome

Not at all
A little
Moderately
Very much
Completely

I felt I understood what it was like for my therapist

Not at all
A little
Moderately
Very much
Completely

I felt I experienced something beyond the ordinary

Not at all
A little
Moderately
Very much
Completely

My therapist and I felt close to each other

Not at all
A little
Moderately
Very much
Completely

Appendix 6

Qualtrics Survey

I felt my therapist and I were equal

Not at all
A little
Moderately
Very much
Completely

I felt I had lost all sense of time

Not at all
A little
Moderately
Very much
Completely

I felt respect for my therapist

Not at all
A little
Moderately
Very much
Completely

I felt I was being genuine with my therapist

Not at all
A little
Moderately
Very much
Completely

I felt a sense of having my own power

Appendix 6

Qualtrics Survey

Not at all
A little
Moderately
Very much
Completely

I felt my therapist was there for me

Not at all
A little
Moderately
Very much
Completely

I felt I had a better understanding of myself and/or others

Not at all
A little
Moderately
Very much
Completely

I felt a warm personal bond between myself and my therapist as fellow human beings

Not at all
A little
Moderately
Very much
Completely

I felt a profound connection between my therapist and me

Not at all
A little
Moderately
Very much
Completely

I felt the experience with my therapist was beyond words.

Not at all
A little
Moderately
Very much
Completely

Relational Depth Frequency Scale

This scale measures the frequency of moments of relational depth in psychotherapy. There is no right or wrong answer, individuals relate differently.

Please think of your relationship with your therapist and select how frequently you have experienced the moments described in each item. Each item follows the statement:

"Over the course of therapy with my therapist, there were moments where..."

I experienced an intense connection with him/her

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I experienced a very profound engagement with her/him

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I felt we were both completely genuine with each other

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

Appendix 6

Qualtrics Survey

I experienced what felt like true mutuality

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

We were deeply connected to one another

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I felt we were accepting of one another

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I felt an overall warmth between us

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I felt intensely present with him/her

Not at all
Only Occasionally
Sometimes
Other

Appendix 6

Qualtrics Survey

Most or all of the time

We were immersed in the present moment

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

There was a deep understanding between us

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

It felt like a shared experience

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

I felt we deeply trusted each other

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

I experienced a deep sense of encounter

Not at all

Appendix 6

Qualtrics Survey

Only Occasionally
Sometimes
Other
Most or all of the time

I felt we connected on a human level

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I experienced a deep sense of encounter

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I experienced a meeting that was beyond words

Not at all
Only Occasionally
Sometimes
Other
Most or all of the time

I felt like we were totally in the moment together

Not at all
Only Occasionally
Sometimes
Other
Most or all of time

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Qualtrics Survey

I felt we were really close to each other

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

I felt we truly acknowledged each other at a very deep level

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

I felt we were completely open with each other

Not at all

Only Occasionally

Sometimes

Other

Most or all of the time

Debriefing Information Sheet

The researcher would like to thank you sincerely for your time and effort in taking part in the study. If you would like to take part in a follow up interview then please email treanora@roehampton.ac.uk within 7 days.

If you would like to receive a final report of the study or a summary of the findings, please contact: treanora@roehampton.ac.uk and a copy will be forwarded. Some of the questions may have been very personal and thus provoked strong emotional responses. If you are distressed in any way and feel you need to discuss anything further, below is contact details of the researcher, the director or studies and other resources which may prove helpful.

Investigator Contact Details:

Name: Aisling Treanor

Department: Psychology

University Address: University of Roehampton, Holybourne Avenue, London

Postcode: SW15 4JD

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Qualtrics Survey

Email: treanora@roehampton.ac.uk
Telephone: +44 (0) 7841657010

Director of Studies Contact Details: Name: Mick
Cooper

University Address: University of Roehampton, Psychology Department Holybourne Avenue, London, SW15 4JD
Email: mick.cooper@roehampton.ac.uk
Telephone:

Head of Department Contact Details: Name: Diane
Bray

University Address: University of Roehampton, Psychology Department, Holybourne Avenue, London, SW15 Email:
d.bray@roehampton.ac.uk

Telephone: 0208 392 3741

The Samaritans

Website: <http://www.samaritans.org>

Telephone: 08457 90 90 90

Thank you once again for participating in the study.

Introduction

Hi,

My names Aisling Treanor and I am the lead researcher on the project.

Firstly, before we start thanks for agreeing to take part in the interview. Also just to re-iterate you are free to withdraw at any time and if there are any questions which you find difficult to answer just say and we can move on and if come back to them at a later stage.

Questions

- How did/do you find the communication process between you and your therapist?
- How easy or difficult is/was it to relate to your therapist online?
- How would you describe the relationship you have/had with your therapist and how important was that relationship?
- What do you think helped facilitate/hinder that relationship?
- Do you feel that you ever experienced a moment of deep connection or a level of profound depth with your therapist?
- If yes – could you describe that moment and what it felt like?
- How would you have described yourself in that moment?
- How would you have described your therapist in that moment?
- What do you think helped facilitate that moment?
- If ‘No’ – what do you think hindered that experience?
- What do you think could have helped reach that level of connection



DEMOGRAPHIC FORM

Q1 What is your gender?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (please specify) (3) _____

Q2 What is your age?

Q3 In which country do you reside?

- ☐ Afghanistan (1)
- ☐ Albania (2)
- ☐ Algeria (3)
- ☐ Andorra (4)
- ☐ Angola (5)
- ☐ Antigua and Barbuda (6)
- ☐ Argentina (7)
- ☐ Armenia (8)
- ☐ Australia (9)
- ☐ Austria (10)
- ☐ Azerbaijan (11)
- ☐ Bahamas (12)
- ☐ Bahrain (13)
- ☐ Bangladesh (14)
- ☐ Barbados (15)
- ☐ Belarus (16)
- ☐ Belgium (17)
- ☐ Belize (18)
- ☐ Benin (19)
- ☐ Bhutan (20)
- ☐ Bolivia (21)
- ☐ Bosnia and Herzegovina (22)
- ☐ Botswana (23)
- ☐ Brazil (24)
- ☐ Brunei Darussalam (25)
- ☐ Bulgaria (26)
- ☐ Burkina Faso (27)
- ☐ Burundi (28)

Appendix 8

Demographic Form

- ☐ Cambodia (29)
- ☐ Cameroon (30)
- ☐ Canada (31)
- ☐ Cape Verde (32)
- ☐ Central African Republic (33)
- ☐ Chad (34)
- ☐ Chile (35)
- ☐ China (36)
- ☐ Colombia (37)
- ☐ Comoros (38)
- ☐ Congo, Republic of the... (39)
- ☐ Costa Rica (40)
- ☐ Côte d'Ivoire (41)
- ☐ Croatia (42)
- ☐ Cuba (43)
- ☐ Cyprus (44)
- ☐ Czech Republic (45)
- ☐ Democratic People's Republic of Korea (46)
- ☐ Democratic Republic of the Congo (47)
- ☐ Denmark (48)
- ☐ Djibouti (49)
- ☐ Dominica (50)
- ☐ Dominican Republic (51)
- ☐ Ecuador (52)
- ☐ Egypt (53)
- ☐ El Salvador (54)
- ☐ Equatorial Guinea (55)
- ☐ Eritrea (56)
- ☐ Estonia (57)
- ☐ Ethiopia (58)
- ☐ Fiji (59)
- ☐ Finland (60)
- ☐ France (61)
- ☐ Gabon (62)
- ☐ Gambia (63)
- ☐ Georgia (64)
- ☐ Germany (65)
- ☐ Ghana (66)
- ☐ Greece (67)
- ☐ Grenada (68)
- ☐ Guatemala (69)
- ☐ Guinea (70)
- ☐ Guinea-Bissau (71)
- ☐ Guyana (72)

Appendix 8

Demographic Form

- ☐ Haiti (73)
- ☐ Honduras (74)
- ☐ Hong Kong (S.A.R.) (75)
- ☐ Hungary (76)
- ☐ Iceland (77)
- ☐ India (78)
- ☐ Indonesia (79)
- ☐ Iran, Islamic Republic of... (80)
- ☐ Iraq (81)
- ☐ Ireland (82)
- ☐ Israel (83)
- ☐ Italy (84)
- ☐ Jamaica (85)
- ☐ Japan (86)
- ☐ Jordan (87)
- ☐ Kazakhstan (88)
- ☐ Kenya (89)
- ☐ Kiribati (90)
- ☐ Kuwait (91)
- ☐ Kyrgyzstan (92)
- ☐ Lao People's Democratic Republic (93)
- ☐ Latvia (94)
- ☐ Lebanon (95)
- ☐ Lesotho (96)
- ☐ Liberia (97)
- ☐ Libyan Arab Jamahiriya (98)
- ☐ Liechtenstein (99)
- ☐ Lithuania (100)
- ☐ Luxembourg (101)
- ☐ Madagascar (102)
- ☐ Malawi (103)
- ☐ Malaysia (104)
- ☐ Maldives (105)
- ☐ Mali (106)
- ☐ Malta (107)
- ☐ Marshall Islands (108)
- ☐ Mauritania (109)
- ☐ Mauritius (110)
- ☐ Mexico (111)
- ☐ Micronesia, Federated States of... (112)
- ☐ Monaco (113)
- ☐ Mongolia (114)
- ☐ Montenegro (115)
- ☐ Morocco (116)

Appendix 8

Demographic Form

- ☐ Mozambique (117)
- ☐ Myanmar (118)
- ☐ Namibia (119)
- ☐ Nauru (120)
- ☐ Nepal (121)
- ☐ Netherlands (122)
- ☐ New Zealand (123)
- ☐ Nicaragua (124)
- ☐ Niger (125)
- ☐ Nigeria (126)
- ☐ North Korea (127)
- ☐ Norway (128)
- ☐ Oman (129)
- ☐ Pakistan (130)
- ☐ Palau (131)
- ☐ Panama (132)
- ☐ Papua New Guinea (133)
- ☐ Paraguay (134)
- ☐ Peru (135)
- ☐ Philippines (136)
- ☐ Poland (137)
- ☐ Portugal (138)
- ☐ Qatar (139)
- ☐ Republic of Korea (140)
- ☐ Republic of Moldova (141)
- ☐ Romania (142)
- ☐ Russian Federation (143)
- ☐ Rwanda (144)
- ☐ Saint Kitts and Nevis (145)
- ☐ Saint Lucia (146)
- ☐ Saint Vincent and the Grenadines (147)
- ☐ Samoa (148)
- ☐ San Marino (149)
- ☐ Sao Tome and Principe (150)
- ☐ Saudi Arabia (151)
- ☐ Senegal (152)
- ☐ Serbia (153)
- ☐ Seychelles (154)
- ☐ Sierra Leone (155)
- ☐ Singapore (156)
- ☐ Slovakia (157)
- ☐ Slovenia (158)
- ☐ Solomon Islands (159)
- ☐ Somalia (160)

Appendix 8

Demographic Form

- ☐ South Africa (161)
- ☐ South Korea (162)
- ☐ Spain (163)
- ☐ Sri Lanka (164)
- ☐ Sudan (165)
- ☐ Suriname (166)
- ☐ Swaziland (167)
- ☐ Sweden (168)
- ☐ Switzerland (169)
- ☐ Syrian Arab Republic (170)
- ☐ Tajikistan (171)
- ☐ Thailand (172)
- ☐ The former Yugoslav Republic of Macedonia (173)
- ☐ Timor-Leste (174)
- ☐ Togo (175)
- ☐ Tonga (176)
- ☐ Trinidad and Tobago (177)
- ☐ Tunisia (178)
- ☐ Turkey (179)
- ☐ Turkmenistan (180)
- ☐ Tuvalu (181)
- ☐ Uganda (182)
- ☐ Ukraine (183)
- ☐ United Arab Emirates (184)
- ☐ United Kingdom of Great Britain and Northern Ireland (185)
- ☐ United Republic of Tanzania (186)
- ☐ United States of America (187)
- ☐ Uruguay (188)
- ☐ Uzbekistan (189)
- ☐ Vanuatu (190)
- ☐ Venezuela, Bolivarian Republic of... (191)
- ☐ Viet Nam (192)
- ☐ Yemen (193)
- ☐ Zambia (580)
- ☐ Zimbabwe (1357)

Appendix 8

Demographic Form

Q4 Please select your ethnicity

- ☐ Indian (1)
- ☐ Pakistani (2)
- ☐ Bangladeshi (3)
- ☐ Other Asian Background (4)
- ☐ White British (5)
- ☐ White USA (6)
- ☐ White Irish (7)
- ☐ White Other Background (8)
- ☐ White and Black Caribbean (9)
- ☐ White and Black African (10)
- ☐ Mixed White and Asian (11)
- ☐ Other Mixed Background (12)
- ☐ African-American/Black USA (21)
- ☐ Caribbean (13)
- ☐ African (14)
- ☐ Other Black Background (15)
- ☐ Chinese or Chinese British (16)
- ☐ Hispanic/Latino (17)
- ☐ Other Ethnic Background (18)
- ☐ Not Known (19)
- ☐ Prefer not to say (20)

Q5 With respect to being a client/patient in psychotherapy or counselling, which of the following are true?

- ☐ I am about to start (within the next month) seeing a therapist (1)
- ☐ I have just started seeing a therapist (one initial meeting) (2)
- ☐ I am currently seeing a therapist (more than one meeting) (3)
- ☐ I have recently completed a course of therapy (within the past month) (4)
- ☐ I have attended counselling or psychotherapy in the past (5)
- ☐ I have not attended counselling or psychotherapy in the past (6)

Q6 Which type of online therapy are you receiving?

- ☐ Text based
- ☐ Email
- ☐ Instant messaging

Q7 How often do you engage in therapy with your therapist

- ☐ Once a week
- ☐ More than once a week
- ☐ Once a fortnight
- ☐ Once a month
- ☐ Less than once a month

Appendix 8
Demographic Form

Q8 How long have you been with your current therapist

- ☐ Less than 1 month
- ☐ 1 month - 6 months
- ☐ 6 months - 1 year
- ☐ 1 year - 2 years
- ☐ 2 years or more

Appendix 9: Transcript 1 - Sarah

1 I: Hi, how are you?

2 P: Good thanks, you?

3 I: Yeah good. I'd just like to say thanks for agreeing to take part in the interview, it's very
4 much appreciated. There's roughly about 15 questions and so shouldn't take us too long to
5 get through. If there are any questions which you find difficult to answer just say and we can
6 move on and come back to them then at a later stage. And finally just to make you aware you
7 are free to withdraw at any time. Any questions before we start?

8 P: No.

9 I: Ok then. Good. So why don't you tell me a bit about your online therapy experience to
10 date, what type it is for example email, skype or instant messaging and how long you've been
11 doing it for.

12 P: Well, I use skype therapy. I did look into instant messaging but decided that it wasn't for
13 me because of the lack of contact. I didn't like the idea of not being able to see my therapist
14 or hear what they sounded like. For me skype was the best option and I've been having
15 therapy in this way for over a year now.

16 I: That's a decent amount of time. How would you describe the communication process
17 between you and your therapist? How do you find it?

18 P: I suppose there's two parts to that question, eh the first thing I would say is that the
19 communication between us both is good. Like I said, I've been seeing Josie for over a year
20 and I feel that she gets me and understands me. I've never felt that there was a problem with
21 communication on that front but em I suppose at times there's communication difficulties
22 which happen due to technical problems. The connection will cut out and I maybe haven't
23 heard her properly or she hasn't heard me or like whenever she would maybe use a technical
24 word to explain things that I've never heard before I would have to get her to repeat it but
25 maybe I would have to do that if we were sitting face to face. I don't know.

26 I: So you feel that the communication process between you both is good but at times can be
27 hindered by technical issues.

28 P: Yes, exactly. It doesn't happen every session just every now and again

29 I: Ok. And how easy or difficult would you say it is in terms of relating to your therapist
30 online?

31 P: Eh, I would say fairly easy. Again, there are times when there's a technical glitch or
32 something goes wrong with the sound and that can be frustrating especially if we are in the
33 middle of something important or one of us is mid sentence. It wastes time trying to pick up
34 where we left off and it can interrupt the flow and make things a bit difficult. But overall I

35 would say that relating with her is fine. Like I said we have a good relationship and I've been
36 seeing her for a year now so yeah it's ok.

37 I: Would you say that there is a difference relating online as there is in face to face?

38 P: Not a huge difference, maybe slight. I've never had face to face therapy but if I consider
39 relating to people in general then there is maybe a few differences. Like their presence. I feel
40 that with online I don't feel that my therapist is present in the room, it does feel that she's far
41 away, but I quite like that. It puts me at ease knowing that she's not sat next to me. I kinda
42 like the distance it creates.

43

44 I: Ok, so having a bit of distance suits you. How would you describe your relationship with
45 your therapist?

46

47 P: I would probably go so far as to say that the relationship is everything. If you don't have a
48 connection with your therapist I just don't see the point in staying there, a bit like any
49 relationship really. Why stay with someone if there's no depth. I had assessments or initial
50 meetings with two other therapists before I picked Josie and I knew instantly when we spoke
51 that she was the right one for me. I felt that even from that first meeting that she understood
52 me and where I was coming from. Don't get me wrong I'm sure the other two therapists were
53 good but they just didn't fit with me and my personality. I think you need to feel comfortable
54 with your therapist and be able to be yourself. With the other two I remember feeling
55 worried about what I was saying and that they would maybe judge me. With Josie I didn't
56 feel that. She was warm and welcoming and I liked the tone of her voice. Our relationship has
57 definitely developed and I feel that there is a deeper connection as time has went on, but I do
58 think that there was a base there and something to build upon.

59

60 I: How important is that relationship to you?

61

62 P: Extremely important. Like I said I wouldn't have stayed in therapy if the relationship and
63 connection hadn't have been right.

64

65 I: What would you say facilitated that relationship base in an online environment?

66

67 P: Em, probably Josie just being herself. I didn't really know what to expect when I signed up
68 for online therapy, I just knew that it would be more convenient for me than having to leave
69 home and go to an office. I liked the idea that I could sit at home in the comfort of my
70 surroundings with a cup of tea in hand if needs be. Josie also seemed very relaxed, she wasn't
71 stiff or stuffy. Her being relaxed I think put me at ease. It seemed like she had been doing
72 online therapy her whole life and not a novice at it. She sat just the right distance from the
73 screen. Close enough to see but far enough away to not feel like she was on top of me. I liked
74 that I could see her and see what she was wearing. I remembered liking that as it meant she
75 wasn't wearing her pjamas or her slippers (laughs). It made it feel more real and that she was
76 taking it seriously.

77

78 I: Anything else you can think of that helped build your relationship?

79

80 P: Eh, she was flexible in terms of time. Because I work full time, it was difficult for me to
81 leave work and attend therapy. I also have a family and going out in the evenings didn't suit.
82 Being able to get the kids to bed and then go to my office and have my 1-hour therapy
83 session at 8:30pm was great. This showed me that she was facilitating my needs and made
84 me feel like she cared. It also meant that if we had a really difficult session I could just flop
85 into bed or onto the couch. This was probably actually my favourite thing about having
86 therapy online.

87

88 I: So Josie being herself and accommodating your needs all helped as well as feeling like she
89 was an expert in online therapy?

90

Appendix 9: Transcript 1 - Sarah

91 P: Yeah exactly. And I suppose her professionalism. I worried that online therapy might feel
92 a bit like face time with a friend, but Josie held the boundaries which I think was important.

93

94

95 I: Ok. Was there anything you felt hindered the relationship at all?

96

97 P: Maybe BT (laughs). Again the only thing that ever frustrated me was when there were
98 connection problems. It didn't hinder the relationship as such as I knew it wasn't anyone's
99 fault, it was just exasperating when you were mid sentence and spilling your hearts secrets
100 out and then all of a sudden I couldn't hear what Josie was saying or there was a delayed
101 reaction or the camera would freeze and you were left sitting there with your tears and no one
102 to comfort you. When we would finally get back on I was probably over the worst of the
103 experience and I suppose at times would be a bit defensive and angry and would just say that
104 I was ok now.

105

106 I: So again technical issues.

107

108 P: Yeah

109

110 I: Was there anything else you can think of?

111

112 P: Em, not really. Like I said Josie was a real professional. She was always on time and I was
113 never left waiting or hanging around for her call. Don't get me wrong there were times when
114 we didn't see eye to eye or she would challenge me about something I said but that was part
115 of the therapy. But other than that no, nothing.

116

117

118 I: Do you feel that you ever experienced a moment of deep connection or a level of profound
119 depth with your therapist?

120

121 P: Oh yes definitely. There are times in sessions when I feel that Josie is the only person in
122 the world that understands me and accepts me for who I am. Flaws and all. I would never
123 dare tell anyone the things I tell Josie. She has been a real rock to me and has gotten me
124 through some very difficult times.

125

126 I: And how would you describe those moments?

127

128 P: Em, that's a hard one. I'm not really sure how I would describe them. It just feels like
129 'whoa you really get me.' Almost like she knows me better than I know myself sometimes or
130 that she can read my mind. It just feels deep, like not on a friendship level beyond that. And
131 there's an acceptance there. I think that's what it's like. She accepts me for everything that I
132 am. She doesn't judge me or frown at what I say. She listens and then bam she'll make a
133 remark that just hits me somewhere that I never knew existed.

134

135 I: And what does that feel like?

136

137 P: It feels amazing. It feels so real. It doesn't happen in every session, but there have
138 definitely been times when I feel things just go that bit deeper.

139

140 I: How would you have described yourself in that moment?

141

142 P: Again I would have to say real. I am there warts and all. I'm not hiding anything, I've
143 shared my soul and it's been heard and accepted. It makes me happy to think that I can be
144 honest and be loved for it. That probably sounds strange, I don't mean loved in the romantic
145 sense of the word, I mean I feel loved by Josie in a maternal way. I honestly don't think there
146 is anything that I couldn't tell her.

147

148 I: So there's something very real and authentic during those moments and a feeling of being
149 accepted?

150

151 P: Yes exactly.

152

153 I: How would you have described Josie in those moments?

154

155 P: Oh, gosh, I'm not sure. How would I describe her? Em, I feel like I'm repeating myself but
156 again real, genuine, loving and accepting. I kinda wish I had a moment like this recently as it
157 would be easier to recall what she was like. I suppose she doesn't really change. She's solid
158 and I think that's why we can go to places that I don't go with anyone else. I trust her. Also
159 the fact that there's no chance of bumping into her. She lives in a different country so I never
160 have to worry about seeing her. I think that would be weird if we were to actually meet in
161 person (laughs).

162

163 I: That actually leads me on to my next question about what you think helped facilitate that
164 moment?

165

Appendix 9: Transcript 1 - Sarah

166 P: I definitely think that I'm the type of person who has a guard up so I think the distance
167 between us helped. I knew that she was far away and that our paths would never cross. I
168 guess that's another reason why I choose online therapy over face to face, I didn't want to be
169 seen going into a clinic and maybe someone I know seeing me. I guess I was embarrassed. I
170 liked that Josie was in another country and didn't know any of the people I was talking about.
171 I think it helped me open up.

172

173 I: So the distance was helpful. Anything else.

174

175 P: Em, probably her patience and concern. I felt she was genuine with me in a moment like
176 that. It felt that anything she said came directly from her heart. She wasn't pretending and I
177 got this feeling which I can't really put words to but again something similar to love. It was a
178 very strong feeling.

179

180 I: Sounds very powerful.

181

182 P: Yeah it was.

183

184 I: Well, that brings me to the end of my questions. I really appreciate you taking the time to
185 do this interview. Is there anything that you would like to add or any questions that you
186 would like to ask just before we finish?

187

188 P: No, I think I've said everything that I need to.

189

190 I: Ok then, Sarah, we'll leave it at that then.

Appendix 9: Transcript 1 - Sarah

191

192 P: Ok. Bye

193

194 I: Bye

195

Appendix 10
Transcript 2: Mark

1 I: Hello

2

3 P: There we go sorted

4

5 I: Good good, excellent. I'm not sure what it was, I just had to shut my computer down and
6 restart it.

7

8 P: No worries.

9

10 I: Nice to meet you.

11

12 P: You too.

13

14 I: Thanks for agreeing to take part in this. You've already completed the questionnaire
15 version?

16

17 P: Yeah yeah?

18

19 I: Excellent. Well really what I wanted to do was get an in depth understanding of what it's
20 like using online therapy and what it's like for the client.

21

22 I: Ok

Appendix 10
Transcript 2: Mark

23

24 I: I've just kinda got a few questions about your experience of that and how you found it,

25

26 P: Mmmhmm

27

28 I: So, a few demographic details just before we get started. You're obviously male

29

30 P: (laughs).

31

32 I: Good observation skills.

33

34 P: Well discerned.

35

36 I: And can I ask what age you are Mark?

37

38 P: I'm 29.

39

40 I: And what country are you currently living in?

41

42 P: Em... England, UK

43

Appendix 10
Transcript 2: Mark

- 44 I: And can I ask what ethnicity, White British?
- 45
- 46 P: Yeah, White British.
- 47
- 48 I: And can I just ask are you currently in therapy, been in therapy
- 49
- 50 P: Currently in therapy.
- 51
- 52 I: And how often are you seeing your therapist at the moment?
- 53
- 54 P: Em, once a fortnight
- 55
- 56 I: Once a fortnight
- 57
- 58 I: And how long has that been happening for?
- 59
- 60 P: With the current therapist that's been happening eh..... 4 months
- 61
- 62 I: And that's skype therapy that you've been engaging in?
- 63
- 64 P: Its some skype, some in person.

65

66 I: Ok. So half and half

67

68 P: Yeah. Cos he's fairly far away

69

70 I: Oh ok. And how are you finding it so far?

71

72 P: In terms of purely the skype stuff?

73

74 I: Yeah

75

76 P: Obviously it's completely new. It's difficult. You feel like you're more in a formal setting.
77 It feels more like a phone call, even though there's video, its, the format still feels like a
78 phonecall. So even though you obviously have the paralinguistic features of seeing someone
79 you're not in the same room.

80

81 I: Yeah

82

83 P: You're almost detached about it. From a specific... The reasons I get therapy is for body
84 dysmorphic disorder, so the thing with skype is that it's an extra challenge for me because
85 obviously I have the little screen of myself in the bottom corner, so for me it's like an extra
86 challenge because its like looking in the mirror for an hour.

87

Appendix 10
Transcript 2: Mark

88 I: Yeah. So would you say that the skype therapy has pushed you or challenged you a bit
89 more?

90

91 P: Mmm. That was a challenge. The first time I did it I didn't kind of, it didn't occur to me
92 before hand that would be there. So the first couple of times that was a challenge and I almost
93 felt like I couldn't show that it was distracting me. My therapist obviously knew, but for me
94 that was like an extra hurdle. Em, ive got more used to it now but at first it was a bit of a
95 challenge.

96

97 I: Mmm. I imagine. And what would say in terms of the communication between you and
98 your therapist, what's it like?

99

100 P: Em, obviously like its less fluid. If there is like even by today's standards you can now and
101 then get a delay on either side and that can disrupt the fluency em even if its slightly behind
102 you can have an overlap of talking that would be avoided if you were in person. So in that
103 sense its not quite as fluid. And like a said before, the same way when you have a phone
104 conversation, there's still a hangover of people thinking that they need to kind of be a bit
105 more polite and allow the other person to speak, but if you're in a face to face session you
106 can read that a lot more easily and the atmosphere is easier to get a grip of, for me anyway. I
107 almost feel like I have to be a bit more polite and finish what I'm saying and then hand the
108 floor over to the therapist. I think that's a hangover from video or phone communication. I
109 duno, I might be reading into it a bit too much, but for me it's slightly more stilted.

110

111 I: Yeah, there's a feeling there that each person has to kind of take their turn.

112

113 P: Yeah, whereas if you're in a face to face conversation in person it just feels a lot more
114 fluid and a lot more organic.

115

116 I: Yeah, that makes sense. And so how easy or difficult would you say it is relating to your
117 therapist online?

118

119 P: Em I would say I met, I spoke to my therapist first and foremost in person. I think I would
120 find it, I would struggle if I'd met them first via skype. It softened the blow because I'd spoken
121 to him face to face already. I think I'd find it more of a challenge and I'd probably have to, for
122 the first few sessions if it was purely skype it would take me a while to get into it. Because
123 for me the actual act of driving to my therapist and seeing my therapist is almost catharsis in
124 itself. You're getting in the car, in your head you're doing that action which is leading to
125 helping you deal with your condition, whereas sitting in your house with just your computer
126 is not as much a cathartic act. If that makes any sense I dunno?

127

128 I: Yeah, and I guess the driving home from therapy as well, and perhaps processing or
129 digesting some of the information as well which was discussed.

130

131 P: Yeah, I think like you're in your own house or whatever and the call ends and you're back
132 in with the person you live with and you're instantly thrown into that situation, and like you say
133 if you're in the car or you're walking, you've got that reflection time to think that you don't
134 get with skype.

135

136 I: Can I ask how many sessions did you have face to face before you started the skype
137 sessions.

138

139 P: I think it was two.

140

Appendix 10
Transcript 2: Mark

141 I: And that was enough to just initiate you and get a feel for the relationship and know what
142 the therapist was like?

143

144 P: I've been with a few therapists over the years so I'm fairly used to the general way it
145 works so for me, you know its not too difficult to get into the rhythm of things but yeah it
146 definitely helped having a couple of sessions were you kinda familiarise yourself with them
147 and build up a little bit of trust before you jump into a skype session. But I can imagine if its
148 your first time having therapy it would feel a bit strange.

149

150 I: How would you describe the relationship you have with your therapist?

151

152 P: I think there's a good... I think that with any therapist you need a high level of trust. I
153 think theirs a good level of mutual understanding. I think intellectually we are on a similar
154 level and there is a good familiarly and that's in both skype and face to face.

155

156 I: Ok. And how important is that therapeutic relationship to you?

157

158 P: Its really big. Ive had therapists that ive not connected with. And more than just not
159 helping it can hinder. So far me the relationship with the therapist is key really. Because you
160 know most therapists will have a good or excellent knowledge of approaches but you might
161 not connect with them so for me that's the most important thing.

162

163 I: So relationship is key really?

164

165 P: Yeah 100%. It's the thing that can make or break progress.

166

167 I: So regardless of what type of approach they're using or what kind of techniques they're
168 using it really boils down to that level of connection, understanding and mutuality.

169

170 P: Yeah cos I mean really a therapist is making me face things which aren't pleasant so
171 unless you connect with them its going to be unpleasant either way. You're dealing with
172 unpleasant subjects so you're going to need someone who is pleasant and who you get along
173 with.

174

175 I: Yeah, that makes sense. And what would you say facilitated your relationship with your
176 therapist?

177

178 P: I think um, its tough to say. There's quite a few things. I think for me personally, its not
179 something I would have expected but gender is quite big for me. I think because of the nature
180 of my condition which is to do with body insecurity and physical insecurity I think having a
181 male therapist is not essential for me but I feel I can open up more. There's less shame. I
182 think as well, that's the only thing I can think of that's a barrier, age doesn't really matter. I
183 think seeing someone who is an academic is important to me. I've seen kind of life coaches
184 and similar therapists under that umbrella and I've not had the same rapport with them. Their
185 approach hasn't been as conducive to how I work. I prefer an academic approach.

186

187 I: So gender is a big thing and someone from an academic background.

188

189 P: Yeah I like to know that I can if I'm curious about something from an academic level I like
190 to know that I can ask that question

191

Appendix 10
Transcript 2: Mark

192 I: And do you feel that those two factors facilitated you and your therapist having a good
193 relationship with each other?

194

195 P: Yeah, definitely the gender thing and obviously the fact that my current therapist is an
196 academic and is knowledgeable about physiology and things beyond the usual gamut of skills
197 is good for me. And he made me aware of that quite early on, how he works. Rather than it
198 being prescriptive. I've had a lot of therapists in the past who have been very prescriptive
199 about CBT but he was very open and said we'll see what's right for you, we'll mix and match
200 and that was quite important for me as well. An openness of practice.

201

202 I: And is there anything you would say has hindered your relationship from blooming.

203

204 P: No. so far its been the most successful experience I've had with a therapist so thus far I
205 can't think of anything that has hindered it.

206

207 I: And I suppose my research is on the ability to reach a really deep connection with a
208 therapist online and I'm wondering if you've experienced that deep profound moment of
209 meeting with your therapist via skype?

210

211 P: I will say that the moments of profundity that I've experienced with this particular
212 therapist have been face to face. I don't know whether that's co-incidental or whether there's
213 some correlation in there. I think what I would say my negative feelings towards online
214 therapy thus far is there's more room for distraction. I think when you're in a room with
215 someone it feels very focused whereas if you're in your home environment or wherever you
216 might be there are things to distract you and I think for me, it's more difficult to get in that
217 mindset. So for me I'm yet to experience that profound connection over skype.

218

219 I: But you've experienced it in a face to face setting?

220

221 P: Yes.

222

223 I: And you kinda mention a few things like being at home and being distracted that maybe
224 hinders that level of connection or really going to that really profound depth of connection,
225 and I'm wondering is there anything else that you can think of that's hindered that from
226 happening?

227

228 P: Um... I can imagine for example one of my sessions when I couldn't make it face to face,
229 I was in my fiancé's parents house and I quickly logged into skype with my therapist because
230 I wasn't able to make the session. And I think if you're in a house with other people around,
231 even if your sat in a sound proofed room or are sat far away from them there's still that
232 lingering suspicion in the back of your mind that people can hear you, and it's still a bit, I
233 don't think the settings 100% conducive in being confident in yourself. I mean it might be
234 different for someone who's never had face to face therapy and obviously that's what you're
235 looking into. For me that element of other people being around, and that sense of even you're
236 being a pain by doing this thing, it's kind of in the back of your head a kind of nag.

237

238 I: Yeah, so privacy is a real concern.

239

240 P: Yes. Even like now I'm in a house where my fiancé is and obviously there's complete trust
241 its still a lingering kind of underlying thing that you don't feel right having this therapeutic
242 session when other people are carrying on about their daily lives. It kinda doesn't quite sit
243 right for me at least.

244

Appendix 10
Transcript 2: Mark

245 I: I'm interested in just when you're talking about the setting. When you're having your
246 skype sessions would you tend to sit in your bedroom, an office, sit in the kitchen, would you
247 tend to mix and match settings?

248

249 P: I tend to go where I am now in the bedroom, cos I can shut the door and my fiancé can go
250 about the rest of the house without worrying about coming through and disrupting me. So I
251 think it's slightly more restrictive over skype. I can imagine it would be tough if you weren't
252 at home to do it. You know you couldn't just do it in a coffee shop, you'd have to be a very
253 particular kind of a person I'd think to be able to do that. Arguably you probably wouldn't be
254 having therapy as you'd be quite a confident individual. I think yeah it is restrictive in that
255 sense if you don't live alone.

256

257 I: So you see your therapist face to face at times and then skype at others. And you said he's
258 quite far away and that's why you decided on the skype therapy

259

260 P: Its mainly if I'm stuck in work, he's not a huge distance away but it's just if I'm stuck in
261 work and I think I'm going to be late to him then it's an easy option to say can we do this one
262 on skype. There was a couple of periods when I had three in a row on skype. And it may
263 become a reality because I'm moving house at the end of the month so it may be a reality that
264 I have to have them all on skype and that's a bridge I'll have to cross when I come to it.

265

266 I: And I'm wondering was it your suggestion to do skype sessions or was it your therapist's?

267

268 P: Um when he sent me an email before we had our first session he actually put skype
269 sessions available on his overview and I'd not had them before so obviously that was
270 something I was like ok that's useful if I'm not able to make it. And it was myself I believe
271 when I was running late and said can we skype this time round. But he obviously put it in his
272 list of things he did.

273

274 I: And would you say that's quite an attractive feature for a therapist to have, to be able to
275 offer online therapy, skype therapy?

276

277 P: Yeah. Obviously people are busy and I think if a therapist was completely against skype
278 and it was a show up or doesn't happen policy, I'd probably have to think twice unless I
279 knew for certain that it was just down the road kinda thing, I think in this day and age you
280 have to have that as a back up.

281

282 I: And I think as you say life circumstances impinge upon therapy sessions. You're running
283 late from work, the trains running late etc that sometimes getting there on time is difficult.

284

285 P: Yeah, I remember when I first starting having therapy in like the early 2000s I don't even
286 think skype was a thing or it was certainly less prevalent and I remember phoning my
287 therapist and asking can we have this over the phone? But they weren't comfortable doing it
288 because they couldn't see you so I don't know if that s a barrier which has been got over by
289 having the skype, video conferencing thing. But she was completely no can't do it so I
290 missed that session. So for me the comparison is definitely a step in the right direction.

291

292 I: So if you were to choose skype and phone sessions?

293

294 P: Obviously skype, it's the middle ground, it's the next best thing to being there.

295

296 I: And face to face would your preferred option.

297

298 P: Personally yes.

299

300 I: And going back to that question which we call relational depth, what do you think could
301 have maybe helped reach that level via skype if anything?

302

303 P: That's a good question. That's a tough one. I think its circumstantial really. Perhaps if I
304 lived alone I could probably id have more freedom of which room, because sitting on your
305 bed isn't particularly conducive to having a really active discussion. It immediately puts you
306 in a position where you're kind of lethargic. I think its all circumstantial. Perhaps if I had an
307 office I could go to, a home office I think id be able to have a more active, maybe as a result
308 profound connection over skype. Perhaps if I didn't have the early distraction of having to
309 see myself on a screen I think that might have helped hit the ground running a bit more. But I
310 think the main reason is I'm used to face to face therapy so it might be different for someone
311 who has never had face to face therapy. For me its kind of like having. For me all my
312 previous profound moments with therapist's have been face to face but for me im still getting
313 used to really.

314

315 I: And do you think there's anything your therapist could do to facilitate that happening.

316

317 P: No not really. I think it's something for me to get my head around really. For me it's just
318 not something that I'm used to. It's my mindset and my opinion towards it, and I think it's
319 something that will take me a few more sessions to work out, where I need to sit, the position
320 I sit in that's conducive, how I can replicate that catharsis of getting in the car. And you know
321 even now I'm making progress with it, like I'll finish a session over skype and ill spend 10
322 minutes in the bedroom on my own digesting the information before I go out and talk to my
323 fiancé, whereas previously I felt the need to go out immediately. Whereas I realise I need that
324 down time so I'm still learning how to cope with it.

325

Appendix 10
Transcript 2: Mark

326 I: And I guess that's it. Its such a new way of working online therapy. That convenience if
327 you're running late and say can we skype, can we do it like that today. But also there is
328 something about reaching a level of depth that's maybe more difficult to reach online than it
329 is face to face. And that level of depth, and that connection and that relationship is so
330 important, like you said, to progress and to the therapy in general. It's been really helpful to
331 hear your views and get a really in depth idea of what it's like at the other end. And it's funny
332 that our session just now was interrupted with technical difficulties, that can obviously
333 happen when it comes to technology. But there is something about that starting stopping, I
334 can see you but I can't hear you.

335

336 P: It doesn't have the same fluidity.

337

338 P: I'm interested if you have time to hear about your research. Are you asking like a range of
339 varied age groups.

340

341 I: My research initially started out, I was trying to recruit around 200 participants to complete
342 the online questionnaire and then anyone who was interested in doing a follow up interview
343 to get in touch but unfortunately the response has been pretty poor.

344

345 P: Really?

346

347 I: Yeah. I've contacted around 500 therapists that offer online therapy or they state that they
348 offer online therapy. And I'm not sure if it's therapist's reluctance to share the research with
349 clients, maybe for confidentiality reasons or that they want to protect the relationship. But it's
350 been really difficult to actually gather the participants. But it's something that I'm really
351 interested in. We bank online, we shop online, we can do everything at the click of a button
352 so why not have therapy online. And I think what you're doing is really interesting, the face
353 to face but also the skype sessions as and when it works for you. So there's something about

Appendix 10
Transcript 2: Mark

354 that that you've captured really well. So the research is still very early days, once I finish
355 with the interviews. I've had 15 responses to the questionnaire, so I'm going to try and get
356 around 8-10 in depth interviews just to try and really capture the themes, the difficulties, what
357 facilitates that meeting at relational depth and what hinders it. But yea it's early days. I can
358 keep you posted with the outcome.

359

360 P: I'm intrigued to see what a younger person, almost someone who is the iphone,
361 smartphone generation, how they, if it would be the inverse situation. You kinda see in the
362 media, people of the smart phone generation, have all this confidence via skype and online
363 but then face to face they have problems and would that be the inverse, would it be that face
364 to face would be the same thing I have over skype.

365

366 I: Good point. Or whether people who have confidence issues, whether online therapy would
367 be the right thing for them to do, or should they go face to face.

368

369 P: Are you allowed to approach people directly, because there's probably a few people I
370 could put you in touch with.

371

372 I: Unfortunately I cant, but please feel free to share my contact details. It's unethical of me to
373 that. I have to go through therapists who then share the study details. I've also done a shout
374 out on social media so that's my way of going direct and that's been approved ethically. So
375 trying to get people to get in touch with me through word of mouth I guess. But yeah feel free
376 to share the research and my contact details with anyone who you think would be interested.

377

378 P: Yeah, I used to part of an OCD group so if you want I'll send an email to them. They deal
379 with loads and loads of people across London so there might be someone interested.

380

Appendix 10
Transcript 2: Mark

381 I: That would be great. Any other questions that you want to ask.

382

383 P: Just when you finish everything could you send me a summary paper of it

384

385 I: You don't want the 60,000 words? Laughs

386

387 P: (Laughs) No, just give me the top line.

388

389 I: Thanks again so much for taking part and getting in touch and agreeing to do this. So yeah,
390 ill be in touch.

391

392 P: No worries. Good luck.

393

394

395

396

Appendix 11
Transcript 3: Lucy

1 I: Hi, how are you?

2

3 P: Good.

4

5 I: Nice to meet you.

6

7 P: Yeah and you. Sorry about the huge delay in getting back to you, I was mostly travelling
8 so,

9

10 I: Ok. No worries. Thanks so much for agreeing to do the interview. I really appreciate that.
11 So you've completed the online questionnaire?

12

13 P: Yeah

14

15 I: So, what I want to do is do follow up interviews with anyone that was interested, just to get
16 a really in depth idea of what it's like communicating with a therapist online and what that
17 relationship is like. So that's really what I'm looking at. Hopefully it shouldn't take too long,
18 em it's fairly short. I just want to really understand what it was like for as a client
19 communicating with your therapist online. So I suppose, just before we start, I've just got a
20 few kind of demographic details to gather. So you're female? (Yeah). Can I ask what age you
21 are?

22

23 P: 54.

24

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25 I: And are you currently in therapy?

26

27 P: Yeah currently.

28

29 I: And is that skype therapy?

30

31 P: Yeah. I have two things going on. There's skype therapy which is somatic experiencing
32 and then there's counselling with the woman who actually referred me to this project. Its
33 about rebuilding the story of your life. It's between counselling and like a mentor type thing.

34

35 I: Like a life coach?

36

37 P: Yeah somewhere in between the two.

38

39 I: Ok. And how long have you had skype therapy for?

40

41 P: At least 4 years maybe even longer.

42

43 I: So quite a while

44

45 P: Did you hear me?

46

47 I: Yeah 4 years.

48

49 P: Yeah yeah, sorry. 4 years.

50

51 I: How do you find the communication between you and your therapist online?

52

53 P: The two are slightly different in so far as, the therapist I actually met in person initially.
54 She had a London base and an Edinburgh base so she was less able to come to London. And
55 whilst I still occasionally have in person therapy with her, that was the only choice to go for
56 skype. But em, so that meant I already had an established relationship. I guess it felt a little
57 bit awkward initially but that was back when I wasn't really used to skype either so em I do
58 remember actually practising with a friend of mine just so I could get the hang of it. And one
59 of the things I usually do and I'm going to do that now, is cover up me.

60

61 I: Ok.

62

63 P: I find that really distracting, constantly looking at me and how I'm coming across.

64

65 I: Yeah.

66

67 P: So yeah I did some practising with her so that made me feel less uncomfy and awkward.
68 And eh, it's a really hard kind of question. I feel I get just as much out of it. There's the small
69 possibility that I concentrate slightly less sometimes. If I'm not focusing on getting the best
70 out of it, I tend to drift. When you're sitting one to one you can't disengage really. I think that

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71 might be the case, like when you're sitting watching tv your brain can just take some time
72 out. But generally if I'm focused it's fine

73

74 I: You said it was quite a new way of relating.

75

76 P: I was thinking about this in the shower. Another aspect....

77

78 I: Initially yea.

79

80 P: What I was just saying is the way I'm relating allows me to disengage more should I like.
81 It's quite hard to disengage if you're sitting in a room with somebody, it's easier to disengage
82 with skype. But I guess that comes back down to if you want to do it then you wont. What
83 else was I going to say, oh yeah, it occurred to me that I am quite an avoidant person, so the
84 opposite could also be true which is I find it easier to communicate because there is that
85 distance. I find one to ones intimidating and therefore that slight distance releases that
86 tension. Whether that's good or bad in therapy terms I don't know. I was going to try and
87 separate the two. So that's with the woman called Anne. The counselling/life coach, I've
88 never met her in person at all so all of that has been on skype. And I've never found that a
89 problem. I think also the kind of person you are. She's very easy on skype herself, well they
90 both are, but the second one whom I've never met, perhaps more so. So I really do feel that
91 I'm with her. So yeah in relation to the question I'm not sure it inhibits communication in
92 anyway.

93

94 I: Ok. And would you say that it was quite easy to relate to your therapist both of them
95 online?

96

97 P: Yeah.

98

99 I: And how would you describe the relationship between you both and how important would
100 you say that relationship is?

101

102 P: With my therapist, I feel very connected and I feel very close. I feel she understands me
103 and where I am with things. I feel she knows me very well. I find her very comforting.
104 Another thing, and I know you haven't asked me this question but when you're travelling you
105 can continue with your therapy and that's really important to me. So you can be in a series of
106 different places and still have the access. What was the question?

107

108 I: Just about the relationship between you and your therapist. What's it like online?

109

110 P: I don't think the medium of communication affects the relationship. Em my life coach, I
111 feel very comfortable with but we haven't entirely gelled and I'm not sure if that is down to
112 the medium. Its just that she's not a therapist, she makes loads of suggestions which I don't
113 take kindly to. How about doing this, how about doing that, why not try this, why not try that.
114 And that brings up something in the relationship which isn't in the other one. So I don't think
115 it's about skype.

116

117 I: It's more the approach that she uses sometimes that doesn't really sit that well with you?

118

119 P: Yeah. I don't want to be given advice.

120

121 I: So the relationship itself is affected by the approach that she uses but not by the medium.

122

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123 P: I don't think so.

124

125 I: Is there anything you think helped facilitate that relationship with both therapists?

126

127 P: Again I don't think it's about the medium. I think it's about personal dynamics and I do
128 think irrespective of not wanting to be given advice, I do feel a connection with both of them
129 I think and they understand exactly where I'm coming from. They show a lot of empathy,
130 identification. Yeah I think both of them kinda get me they understand.

131

132 I: So there's something about being heard, being understood and feeling like they can
133 empathise with you that's helped facilitate that relationship.

134

135 P: I have to feel comfortable with them, I don't think that's about the medium. I've had a lot
136 of other therapists and for one reason or another I haven't felt comfortable with. Em, I mean
137 in terms of the second one I don't find an urge to meet but with my therapy it's interspersed
138 periodically, less frequently with one to one in person is useful. It kinda means should there
139 be something that can be gained in that other way it can. I wouldn't be able to put my finger
140 on what that was.

141

142 I: So you've had both face to face and skype therapy with one therapist. Would you have a
143 preference for either.

144

145 P: There's a financial difference as well. Quite a significant financial difference.

146

147 I: Which is cheaper?

148

149 P: The skype. Because I'm in London, people will often rent Harley street rooms if they're in
150 London so that could be £120 as opposed to £60.

151

152 I: So huge financial difference.

153

154 P: That's true for others as well. I know other people who mix the sessions up. That's half but
155 it's quite common to hear from £90 to £60 or £90 to £50 that sort of difference. So it makes it
156 more affordable. That is a factor you know if I see her. I don't think it makes a difference to
157 me but I like the fact that theres' a mixture with the therapist in particular. Although one of
158 the reasons why it may be more comfortable for me is because I am quite avoidant. I do find
159 it difficult relating to people so I feel that kind of catches me, you know what I mean. If there
160 is any of that going on the fact that I have face to face occasionally means that if there is an
161 element of truth there I'm facing that as well.

162

163 I: And I guess it's about having that option also of skype therapy if you are finding things
164 very difficult to have face to face sessions, you can still have your therapy.

165

166 P: Yeah, I think it might make it easier for certain people to come in to therapy and despite
167 the awkwardness at the start I think that wears off if you do it enough.

168

169 I: Yeah. And I'm just wondering as well. Is there anything that you feel has hindered, other
170 than the type of approach that your second therapist uses, that has hindered that relationship
171 from blossoming?

172

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173 P: Sometimes the practicalities of a rotten signal you know. I've had that happen here, even
174 though there's no theoretical, from London to Edinburgh installed by a firewall, what is the
175 problem I don't know. That has happened on quite a few occasions, a tenth, maybe less, but
176 that has been a problem. Sometimes we'll switch to voice but then you don't have the facial
177 side of things. I find this little thing here distracting, easily resolved but the image of myself.
178 I can't think of anything else really.

179

180 I: There's something about the technical glitches that happen over the internet that can kind
181 of just stop the flow of the conversation or the therapy session.

182

183 P: Yeah absolutely, and also if I really feel that I need it and it crashes then there is no kind of
184 back up. I can't get to Edinburgh or wherever it might be, it's just not going to happen. I guess
185 we can switch to telephone. I have actually done that with Rachel the 2nd person, we had a
186 whole series of problems right at the beginning, I have no idea why so we just switched to
187 telephone. But I mean I think she found that a problem. You know therapists are wanting to
188 read the responses of your face so it's probably more a problem for them than it is for me.

189

190 I: Yeah. That makes sense. My research is looking at whether people are able to experience a
191 really deep connection or a really profound connection if it's via an online medium so I
192 suppose I'm wondering do you feel that you have ever reached a level of really deep
193 connection or had a moment of really profound depth with your therapist online?

194

195 P: Yeah, you asked that question in the questionnaire. It's interesting for me as it kinda
196 brought up general questions for me, like what does a deep connection feel like especially
197 with you know my people issues, so I'm not sure if I could relate to it, in that way
198 apart from wandering off and thinking am I still holding people that little bit away. What I
199 can relate to is have I had insights and things which have helped me on skype and the answer
200 to that is yes. I can recall, oh wait there is a statistical thing going on here, I've probably had

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201 more skype therapy than face to face with this particular person but I've definitely had more
202 insights that I can recall which were skype based with her.

203

204 I: Yeah. And during those moments of insights. How would you describe that moment? What
205 was it like for you?

206

207 P: It's like a release you know. It's therapy at its best. You hit something that enables you to
208 understand something in a different way even if you understood before. It's like head to heart
209 if you know what I mean. You can talk about something forever and then all of a sudden you
210 get it. That kind of insight and then as you move on that releasing of tension or anxiety or
211 shifting or releasing of energy and movement in someway.

212

213 I: So there's something quite releasing about those moments of insights, and as you say
214 something connecting between your head and your heart, everything coming together.

215

216 P: Sometimes it happens afterwards whatever it is. Those things that are discussed, even the
217 next day it can happen.

218

219 I: How would you describe yourself in those moments, when an insight kind of releases
220 something within you?

221

222 P: I feel like I'm more a genuine myself. That I'm completely connected with the more
223 genuine god self if you like.

224

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225 I: So something about the real self coming through. Anything else about what you can recall
226 about how you felt within those moments.

227

228 P: Grateful yeah (pauses). Thankful (pauses). Connected as a result. Coming back to that
229 question of connection, I felt more connected as a result. Yeah like my kinda heart was more
230 open. Held. Sort of like a profound gratitude as well. Connected comes to mind when you ask
231 that question. I felt connected to somebody else and to somebody who understands.

232

233 I: How would you describe your therapist in those moments?

234

235 P: Em... affectionate and I guess, I duno how you would describe it (pauses). I can't think of
236 the adjective, but when someone takes pleasure in their work and it works, what would that
237 be, anyway, you can see that reflected.

238

239 I: So pride perhaps?

240

241 P: Yeah pride, sort of, maybe that's too strong. I guess when you do work you enjoy,
242 fulfilment, yeah it's more like that. Somewhere between the two that they have kind of felt
243 the good too and they move forward and move with you as a result.

244

245 I: So, is it almost like the two of you coming together in that connection.

246

247 P: Yeah.

248

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249 I: And almost like something happens as a result of that? That both of you feel something
250 afterwards and you can both see it reflected on each others faces?

251

252 P: Yeah.

253

254 I: And what if you can think of anything, helped facilitate that moment?

255

256 P: I would probably say my focus and engagement. There's a lot of kind of things about
257 whether you're ready and whether the moment is right, sometimes it's a matter of pain. You
258 have to be in a certain amount of pain to see the release unfortunately. But I do think focus
259 and actual engagement which comes back to that point. Em.. I think one cancels the other
260 out. I do find it easy to disengage on skype but I also find anxiety in being a social situation
261 so it's kind 50/50. It's either one thing or the other. So it's those times when I'm actually
262 working at it and open

263

264 I: Would you say there is anything in terms of the skype therapy itself which facilitates that
265 moment?

266

267 P: Eh, I dunno. I guess in some ways oddly enough you are a little bit closer. If I was in a
268 room I'd be probably be like over here if not further back, so maybe there is something,
269 maybe there is more intensity. The other thing is the accessibility and the price which means
270 you're more likely to be there so you're increasing the chances. I mean actually that is quite
271 significant, when I think of £120 I think maybe I can do without it you know, maybe it's not
272 a priority, that's a lot of fucking money you know. When I think £60 and it's like here in my
273 living room then I'm more likely to do it. Plus of course it can put together people who fit
274 better. It's allowed a continuity as well. I had another therapist who moved to Canada, pre
275 skype and I would have carried on working with her but that wasn't possible, whereas when
276 Anne moved back to Edinburgh or spent less in London I was able to carry on, so you are

277 therefore able to continue even if there are practical changes. I understand the rooms in
278 Harley street, the prices just go up and up and up so anyway, accessibility. It reduces the
279 amount of reasons I have to say no.

280 I: Is there something appealing about a therapist offering skype sessions. Is that something
281 you would look for if in the future you were to try a different therapist?

282

283 P: Yeah. I would now yeah, particularly because I travel quite a lot as well and some of the
284 most angsty moments I've had are when I've travelled so rather than having to suffer and
285 deal with it when I come back I can actually deal with it and process in the moment. I've got
286 used to it, the flexibility the price, so yes I would look at that. It was interesting yesterday, I
287 had a work meeting in the city and I had a doctors appointment at 3pm and I suddenly
288 realised I wasn't going to make it so I rang up to cancel it but then I realised that particular
289 Drs offered telephone and or skype so I had an appointment with my Dr sitting in the park. It
290 was just this, there's so many other ways of doing it you know. So instead of missing a Drs
291 appointment and waiting for the next one which was going to be in 2-3 weeks or something,
292 it allowed it to happen because of the flexibility of the medium. Doctors do that a lot, you can
293 book a skype appointment, it's faster for them and they can see more people. But anyway
294 we're getting off the topic.

295

296 I: But it's about it being accessible and fitting in with your lifestyle.

297

298 P: The other thing is, I had another therapist before this and she lost her rooms as well. She
299 lived in Wales and came up to South Kent irrespective, she lost the room or the price of the
300 room went up but she didn't do skype but we switched to telephone, an actual fact that
301 worked really well and we both remarked on that it brought different things up. It didn't
302 necessarily mean it was better or worse, there was something about the change of medium
303 that allowed a different set of interactions. And that is actually true. For me of course it
304 completely removed that anxiety of connection, it was just you talking to the other person
305 and you really do have to focus in a telephone call. But again, yeah (stops).

306

307 I: And you said earlier that in a way skype can actually be more intense because you are a lot
308 closer physically on the screen and you can kinda see each other's facial expressions a lot
309 more clearly than maybe you would if you were sitting a bit further back in a room and im
310 just wondering about the idea of presence, how present do you feel with your therapist on
311 skype, or how present do you find her?

312

313 P: I think they are more present than I am. That's a generic thing, but I don't think there's a
314 difference for me between this and face to face. I'm wondering if I was better at connecting
315 would it be more important to me. I have a colleague who joined the other counsellor and she
316 absolutely, Rachel offers only skype really, but she really wanted to meet her face to face and
317 couldn't commit to working with her until she had met her. That was just absolutely non
318 negotiable. For me it was like why bother, it wasn't as far as Edinburgh, it was only in St
319 Albans or somewhere but like you know just get on with it, why bother getting on a train to
320 St Albans. I'm not answering for other people but maybe if you're a more touchy feely
321 person then you need that.

322

323 I: And that's why I'm interested really in online therapy, it certainly fits with a lot of people's
324 lifestyle and the certain problems or issues that they're going to therapy with. That sometimes
325 it can be easier to even begin therapy if you've got maybe social anxiety or agoraphobia, if
326 you struggle to leave the house and struggle to connect with people, that this can just be a
327 start and a way of using the internet for that.

328

329 P: I completely agree, the only thing I would say to that is how intimidating it is initially. I
330 just told you I had a friend who I really don't mind what I say or do with that particular friend
331 so I asked her for help so to get familiar that way. And even then I felt awkward for quite a
332 while. So yeah, it seems to be there might be some you know some need to help people get
333 used to it.

334

335 I: So something like that might help if you're not used to skype. Some type of initiation.

336

337 P: Yeah, I'm just thinking, the type of people in the category you just describe are more
338 likely to be like that you know. I mean whatever it might feel like eventually, initially it does
339 feel very daunting, and you think it's for young people even though that's not the case, my
340 mums been on skype and she's like 93 but em yeah that was certainly my personal
341 experience. When it came up I was like oh God, yes I'm certainly happy to but I don't know
342 how to. I don't know how to, im scared, I'll look stupid, I'll be embarrassed blah de blah blah
343 you know.

344

345 I: Did you find that?

346

347 P: Yeah I did. With my friend yeah I did. I don't know how many times we did it before I
348 went on the other but yeah I did feel really uncomfortable and awkward and stupid and all the
349 rest of it, and this is a problem for me being able to see yourself thing.

350

351 I: And how do you feel now?

352

353 P: It's not a problem anymore. Yeah. (says something but cant make it out) I was just
354 thinking I did another in depth interview with another student who was associated with this.
355 It was to do with personal development and therapy and that was face to face and actually in
356 some ways that was easier, all I had to do was turn up and I could kind of suspend my anxiety
357 whereas with skype as soon as you press the button it's live. Whereas with that other woman
358 I was like just find the place, sit down have a cup of tea and sit down and do the interview,
359 whereas the suddenness, it does feel a bit exposing. I'm thinking back really because
360 obviously I'm really used to it.

361

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362 I: I really appreciate you doing this today, it's been really helpful just to hear your thoughts
363 and how its worked for you. Is there any final comments or questions you want to ask me?

364

365 P: No, I think the main kind of things we've covered that occurred to me. It's a helpful tool
366 for people with problems with social connections but simultaneously there's a difficulty with
367 starting skype. And I suppose there's the potential to continue to isolate rather than actually
368 engage. But I certainly personally feel that it doesn't inhibit my therapy and the project that
369 I'm working on.

370

371 I: Ok. Any questions you want to ask me?

372

373 P: What are you, is it an MA you're doing?

374

375 I: A doctorate.

376

377 P: So will you try and write something?

378

379 I: I'll hopefully try and write something afterwards, it will probably be a while but when I've
380 finished the research and I've got a summary of what I've found I can send you that.

381

382 P: Will you be using names?

383

384 I: No, everyone will be anonymised and assigned a pseudonym. Does that feel ok?

385

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386 P: I'm not bothered anyway but yeah that's cool. Awesome.

387

388 I: Feel free to share the survey and my details with anyone who you know has had online
389 therapy.

390

391 P: Sure, I'll do that.

392

393 I: Great. Take care.

394

395 P: Bye.

Appendix 12: Transcript 4: Anna

1 P: When my mum was ill last summer I had 3, 4 maybe 5, but definitely in the last year
2 we've had about 10. Before that we never did skype sessions but since there's been more
3 disruption, things happening and I couldn't get there. He's actually been really good offering
4 to do the skype session instead. When you can't go, you know, you go ah fuck and you really
5 appreciate it, so its better than not having it all I suppose. To be honest I'd never even thought
6 of it until I got chatting to my Aunite, she's a psychotherapist and she said she has this client
7 on skype and I was like 'oh' you know it was totally new idea.

8

9 I: The first question is just about the communication process between you both. How did you
10 find it what was it like?

11

12 P: I suppose the process was like, yeah, it was up to me to initiate the sort of direction of the
13 conversation but he you know facilitated that by acknowldging what I was saying, asking
14 further questions or explaining to me how he understood what I was saying so em yeah I
15 suppose at times it could be a bit awkward, you know when you start the conversation its
16 most awkward, because whenever you communicate with someone that isn't a therapy
17 session online you immediately enageg with them in a difeereent way, and its that two way
18 dialogue that seems strange at first. You don't necessarily have that and he's waiting on me
19 to kind of bring something to the conversation but once we kinda overcame that initial that
20 initial thing it was absolutely fine.

21

22 I: So it was up to you to bring up the issue or whatever it was you wanted to talk about and he
23 responded to that with follow up questions and prompts.

24

25 P: And his interpretation of what I was trying to tell him and I think in a way its more
26 noticeable when that's not face to face because you can't read or you cant, the atmosphere is
27 different, you don't have that space that you're sharing, like when you're talking you can
28 kind of get a feel for what they might be saying or something. But I think whenever there's a
29 two way dialogue you kinda overcome that but I found at the beginning of those sessions I

30 felt a bit awkward and was like oh god what will I say how will I communicate this. And I
31 think that can be the case in face to face sessions anyways but I think it, I just noticed it in a
32 slightly different way I suppose. It was different, not better or worse if you know what I
33 mean, then when we did get into the more engaged kina dialogue about it, I forgot about it
34 and there was more of a kind of, it was much more free to kind of just explain or talk on the
35 subject that we were talking through.

36

37 I: And you said that the atmosphere was quite different

38

39 P: I think because you're in your own space, it felt like you really had to focus on this
40 dialogue cus the distraction of being in your own space. Its not like a distraction of the tvs on
41 or the phones ringing its more like when you're n a very neutral face to face space you've got
42 nowhere else to go and you're just focusing on yourself or what might be on your mind and I
43 suppose just getting into that conversation and the focus of that became the atmosphere. But
44 at the beginning it was strange, em (pauses) but I don't know. I think the more time I did
45 those sessions it became easier and I didn't notice so much whereas at the start the first few
46 times I did, I thought oh am I gonna, it was within the first 5-10 minutes of the call am I
47 gonna get in to this, is it going to be useful, thinking oh this is weird I'm just sitting in my
48 bedroom, how am I going to connect with this person in the same way, it kind of doesn't
49 matter, that evaporates, that sense of im here, im in my own environment and disjointed from
50 this other person.

51

52 I: And that awkwardness that you describe in the first 5-10 minutes in the first couple of
53 session, would you say that that's similar to maybe the awkwardness that you felt in the first
54 few face to face sessions?

55

56 P: Similar feeling, just with a different kind of mechanism I suppose and em. And I think the
57 eh, it's a similar feeling yeah. It's not a totally different thing that's making it much more
58 awkward. It's just noticeable in a different way, you notice the subtleties in these feelings

59 when there's no one in between you and the other person. I wouldn't say its hugely different
60 to the first few face to face sessions I had.

61

62 I: So the first few sessions were maybe a bit difficult and awkward but the more you had
63 them, maybe the easier it got?

64

65 P: Yeah. The more I had them and also the further along it got into the conversation. Yeah. I
66 can hear myself repeating now, can you hear that? It's like echoing.

67

68 I: I can't hear it. Am I echoing?

69

70 P: No.

71

72 I: Ok. So how would you describe the relationship with your therapist?

73

74 P: I think it's quite a calm and measured sort of relationship. I do get a sense of care and
75 concern from him. He's always very considered in what he says and I feel that the way we
76 relate to each other, I kind of respect his professional opinion as a therapist and although,
77 there is a care and warmth there, I'm always aware that he's doing his job if you know what I
78 mean. That's not necessarily a negative thing either I just feel that that's how we've
79 established our relationship and that's important to how open I am with him. He's
80 professional and considered in his approach and I trust him in his sort of role and I feel like
81 we've developed a good kind of connection but it took quite a long time to establish that and
82 feel that he kind of understood the wider kind of picture of me and I understood his role if
83 you know what I mean. Yeah. Does that answer the question a bit?

84

85 I: Yeah, I think so. What do you think facilitate that relationship between you both even
86 thought it might have taken a long time?

87

88 P: I think his patience and his focus I suppose. His encouragement to kind of address things
89 that were difficult, kind of explaining that. I didn't have to solve everything, that it was about
90 trying to understand how I felt not have to change it overnight. And I remember him saying
91 very early on in the sessions I didn't have to act on anything until I felt absolutely
92 comfortable in that and I suppose encouragement. He's managed to dig quite deep make it
93 clear that it wasn't a pressure to then suddenly make changes or act on the things we'd been
94 discussing outside of the session, that it was a kind of a time and a space to explore these
95 things but not an action list. We've discussed this and this and maybe you find things difficult
96 because of this and now what you gonna do about it, so yeah very accepting as well.

97

98 I: So a number of different things, being patient, encouraging, accepting. It sounds like there
99 was no real pressure put upon you to act in a certain way or do something just because you
100 talked about it.

101

102 P: Yeah I suppose the eh, he didn't exert pressure to act on what we'd discussed, but eh I
103 suppose he, he would want to dig further into it to try and unearth more em depth and em
104 maybe affects that I hadn't thought of before. But not in a pressured way, but you in a very
105 direct and not formal kind of focused way I suppose. So he wouldn't, he doesn't skirt round
106 the subject you know, he kind of if there's something he sees that he wants to highlight he
107 kind of brings it to my attention even though it may be difficult for me to hear or not
108 particularly em positive necessarily, part of my situation.

109

110 I: And is there anything that you feel has maybe hindered that relationship?

111

112 P: Em, (pauses) I, (pauses) I kind see that the more open and honest I am with him about
113 what's going on for me, em the better work we can do together. The more he can engage with
114 what's going on and I think if anything been a hindrance to that I suppose, I haven't found it
115 easy to always be honest and open with him and just bring things up necessarily that were on
116 my mind but I don't kind of come out with it the way it is in my head. I kind of make it seem
117 understandable or em try and work work it out and then tell him. Whereas I think the more
118 sort of honestly I can speak to him I think the better the sessions are.

119

120 I: So it kind of it it comes back to you a little bit how open and honest you are in session.

121

122 P: I think so I can feel sometimes that im a bit guarded. Not even guarded but just quite not
123 saying the full extent and what's associated with that. And he's said lots of times that he that
124 there's no limit to what we can discuss, I can bring anything to the sessions em but that isn't
125 always how I go about things.

126

127 I: Because it's hard.

128

129 P: Yeah cos I think, I mean I think its improved over the sessions that we've had a lot so I
130 think that's something that's always improving. But yeah I think its hard and I think because
131 I know he's going to dig into things sometimes I kind of don't want him to dig into certain
132 things (laughs) eh 'no we're not going to talk about that' em yeah, I've avoided certain
133 subjects or just found some things that we've kind of got stuck on because he knows all about
134 it and we talk about the same, well not exactly the same thing but along the same subject,
135 even though all week I might have been thinking about something else that I may want that I
136 may want to talk about.

137

138 I: And thinking of those skype sessions that you've had, do you feel that you've ever
139 experienced a moment of deep connection or a moment of profound with your therapist over
140 skype?

141

142 P: Yeah I think there has been times, eh maybe about half way through or two thirds of the
143 way through eh the session on skype, he'll sort of describe something that he's getting from
144 what I'm telling him, what it what its telling him about me based on what he knows about
145 me. Em, yeah and that has happened on skype, where he has brought things to light, that I
146 found quite eye opening and that he really understood something about me that I couldn't
147 have understood on my own and that's definitely happened on skype. Em...

148

149

150 I: So is it like moments of insight

151

152 P: Yeah, I suppose so and eh understanding. Framing things in a way that makes me think
153 about it differently. So I suppose yeah eh his insight eh kind of unpicking how I may be
154 putting things together.

155

156 I: And how would you describe yourself in those moments?

157

158 P: Eh....(pauses) I tend to, if I think he's pointing something out that's quite eye opening or
159 has made me think of things in a different way I tend to agree with him and say if I think he's
160 right or eh say "yeah I think you're probably right" or "I haven't thought about it like that
161 before" em (pauses) and (pauses) I don't, I sometimes don't know what to say next, im like
162 'yeah ok' and my head just kind of goes 'oh this is a new idea' and it kind of opens up
163 different thoughts about others things which may be relevant to that particular insight he's
164 had and think 'oh yeah well that's right because when this happened I I definitely felt like

165 that' or eh I tend to agree with him and think ah that was a bit of a revelation and just reflect
166 on it I suppose.

167

168 I: And it almost sounds that at times you're a bit stunned, you're like 'whoa', just a bit
169 stunned.

170

171 P: Yeah, yeah, a bit taken aback at this sort of, at this idea I might have had about something
172 always and then it's sort of turned em and given a different angle or seeing something in a
173 different way, so yeah I can be a bit taken aback.

174

175 I: And is there anything else about how you would describe yourself or describe that moment
176 and what it's like?

177

178 P: Em...(pasues) it feels quite comforting in a way that someone can have an insight that can
179 change my own perception em that they can that I can let them in to a sort of part of my own
180 thoughts and their reaction is not that they don't understand but they're seeing, they're seeing
181 something in it or eh taking it on board, validating it and kind of taking it to a different kind
182 of perspective. I suppose it, yeah, I duno it seems a weird thing to say that that's comforting
183 but I suppose it's.. em being open with someone and them accepting it and then taking the
184 time and energy to think about a way in which they could provide insight which might then
185 help me understand it.

186

187 I: So feeling comforted and accepted.

188

189 P: I lost you there.

190

Appendix 12: Transcript 4: Anna

191 I: Did you hear me?

192

193 P: No.

194

195 I: So something about feeling comforted and accepted within that moment.

196

197 P: Yeah, that's been my experience.

198

199 I: Sorry I lost you

200

201 P: Can you me me? Am I back?

202

203 I: You're back now.

204

205 P: I think something about the way those insights are delivered does feel kind of comforting
206 and accepting because em my therapist often puts them in a way, he might say something like
207 'I can see this is really difficult for you and you've always felt like this but maybe em its
208 because of this and it's you know it's not, it's not all to do with why you think it is, it could
209 be because of other things' you know, he's kind of giving me some somewhere to go with
210 working something out rather than feeling that there's only one way of thinking about it.

211

212 I: So it's like opening your mind to different possibilities.

213

214 P: Yeah and the fact that my automatic eh perception isn't necessarily the only perception,
215 the right perception but other people's perception.

216

217 I: And eh what, how would you describe your therapist in those moments?

218

219 P: Em, (pauses) so sometimes I think he's very pleased with himself (laughs) He is like 'yes!'
220 (laughs). You know which, I'm really only saying on reflection, but in the moment I'm not
221 thinking that, but just thinking back on while we're having this conversation and thinking of
222 what he's like he's like 'mmm yeah' I get a sense of satisfaction from him yeah. Which I
223 don't feel bad about, I suppose its eh, his satisfaction is a sign of eh him sort of feeling that
224 we have a connection between us because I's talked to him about something and he's
225 understood it in a certain way, given me an insight from and I've kind of agreed with it and
226 it's giving me a different perspective em so yeah I get a sense of satisfaction and connection I
227 suppose from him.

228

229 I: Would you say that you feel more connected in those moments?

230

231 P: Eh.. yes. Maybe more connected than when I'm just talking and he's listening and em
232 when he's kind of trying to understand what I'm saying em yeah I do feel more of a
233 connection in those moments.

234

235 I: And in those moments there's a sense that your therapist is maybe quite proud of himself or
236 happy and satisfied that he's hit the nail on the head.

237

238 P: Yeah that he's unlocked something you know. He's kinda, he's pushed, he's pushed my
239 perception in a different direction. Em.. yeah or kind of opened my eyes to something, yeah I
240 do think he does seem pleased about that.

241

242 I: Anything else? Any other ways you would describe your therapist?

243

244 P: Eh....(pauses) I don't know. I suppose he's just quite, he's just very calm and considered
245 and he doesn't quickly react, em so I suppose sometimes there's a bit of hesitation in our
246 interactions. Em, I might say quite a lot, I might kind of talk and say a lot and then there's a
247 kind of silence, sometimes he can be a bit silent, em and that's sort of something I've got
248 used to.

249

250 I: And what again do you think helped facilitate that moment of connection. That moment of
251 deep connection on skype?

252

253 P: Em, I suppose partly my em willingness to kind of bring something to him which then he
254 was able to kind of get into or em kind of dig around in. So part of its that and part of its kind
255 of accumulative knowledge and understanding of my background and em things ive told him
256 in the past so that on that particular occasion when there has been a connection he has kind of
257 pulled that together put that together and come up with something. Yeah so I suppose what
258 I'm saying is being reliant on both of us being focused. Well, me being open and willing to
259 pursue a t kind of topic ive brought up and him contributing or drawing on what he knows
260 about me to kind of unlock something or connect things about what we were talking about.

261

262 I: And is there anything you think he could have done or in the future could do that would
263 allow you to go that kind of profound depth quicker or more often or is that just something
264 that takes time and is about you be willing to bring up something.

265

266 P: Eh... I don't, I don't know. In terms of what he can do I suppose I feel a bit that it is a bit
267 reliant on me to start with and how comfortable I feel and then he can he can do things to

268 encourage or discourage that. I mean he doesn't discourage that em sometimes on skype we
269 can more quickly get into that sort of dialogue where there's the opportunity for a more
270 deeper kind of connection if at the start he's not just silent but I know he's got to let me speak
271 but I suppose if there was just a bit more acknowledgement, just to overcome that initial
272 slight awkwardness eh just to kind of share the conversation a bit more or something.

273

274 I: So something about his participation in the conversation.

275

276 P: Yeah, kind of, even if its just kind of like saying 'yes' or 'ok' or something. Because I
277 think there is a certain feeling of not being together and just needing to know that the other
278 person is with you em and eh I understand that sometimes there are silences but often that
279 isn't the thing that can em limit that. I think its more just acknowledgement of the
280 conversation and maybe then if there's a silence, so instead of me finishing talking and there
281 being a big silence maybe me finishing talking and then him saying 'yes ok' even' that, I
282 know it's really small but, I think, or, I duno, I duno if that's allowed (laughs).

283

284 I: I'm wondering about that and I imagine if I was on the other and I had just said something
285 that was meaningful to me and there was no answer at the other end. Did you ever find
286 yourself jumping in and saying are you still there, can you hear me?

287

288 P: Yeah, on the brink of that (laughs). It's a little bit like 'em hello.' The thing is the silence
289 doesn't go on for ages but I think because you're on a call rather than in a room you can you
290 can just feel a little bit, you can lose the connection a bit with the silence, where sometimes in
291 the room I think it's not that sort of same thing with the silence. I think it can be sometimes,
292 you know you still have that connection even though there's silence.

293

294 I: And I suppose that maybe relates back to what you were saying at the beginning, almost
295 that two way dialogue in the presence of each other and maybe when, there's something

296 about that lack of presence when you're on skype and that silence in the room can maybe be
297 quite profound but on skype maybe it reduces or maybe reduces the intensity of the
298 connection in some way.

299

300 P: Yeah, that's exactly what it is. Yeah it can kind of break it a bit.

301

302 I: And I'm wondering about how present do you feel your therapist is and how present do
303 you feel when you're on skype.

304

305 P: I can be a bit in and out and em the mind can wander in a slightly different way so em yeah
306 I don't, I think it depends, it's not, it's not every time, it's not like for every time but
307 sometimes it can kind of lose the connection in the conversation a little more easily.

308

309 I: That's all my questions. Is there anything else you want to say about your sessions?

310

311 P: suppose what I will say is even though there's perhaps been at times, it can it can em
312 create a different sort of em dialogue and I can feel a bit awkward at other times, I've felt
313 quite like relaxed and very free to express what I might want to being on skype rather than
314 being face to face. So em it can go, that can be another impact of that which can sometimes
315 enable a different kind of connection and sometimes it can feel more, when that awkwardness
316 has been overcome and were getting to a em kind of more focused dialogue and em
317 uncovering things, it can feel more intimate that being in a session em in the same room cos
318 you kind of forget, you almost forget the kind of physical kind of conditions and you're just
319 purely focused on the conversation and content of that. So I suppose to conclude, I've had
320 quite a mixed experience of it and it's been quite varied how I've related to my therapist in
321 those contacts but it's definitely been very useful and really appreciated at times when ive not
322 been able to make the face to face sessions.

323

324 I: That was actually my final question, what did it mean to you that your therapist was willing
325 to offer you, you know that medium of therapy at a time when it was impossible for you to
326 attend face to face sessions and at a time that was actually very trying and difficult for you?

327

328 P: I was really, I felt very supported and em kind of cared for and em yeah like I could em
329 rely on this therapist as a therapist you know, so yeah I think it was, it sort of strengthened
330 our relationship even though it felt turbulent to have a different set of circumstances in which
331 we were dealing with each other. I felt like he had my best interests and he was doing what he
332 could to support me yeah.

333

334 I: Ok. Any questions for me?

335

336 P: I don't know. I hope it's been useful. I just think, yeah I have one question. What's like the
337 hypothesis, or title. Do you have something you're testing?

338

339 I: Yeah, so im looking at the extent to which relational depth can be reached in online
340 therapies. I don't have a hypothesis as such but I would like to find out if it's possible to
341 reach that level of connection and what factors facilitate and hinder that from occurring. I am
342 more than happy to share my results once I've it finished.

343

344 P: That would be great.

345

346 I: No problem. Well thanks again for taking the time to do this. I really do appreciate it. Take
347 care. Bye.

Appendix 12: Transcript 4: Anna

348

349 P: Bye.

Appendix 13: Transcript 5: Katie

1 I: You've obviously answered the online version of the questionnaire so what I want to do is I
2 suppose get a really in depth understanding of what it's like for people relating via this
3 medium. Would you mind telling me a bit about your therapy online, what sort of approach
4 your therapist uses, how long you've been in therapy for, just a bit of background.

5

6 P: So yeah, this is me as a client, rather than the therapy I deliver.

7

8 I: Yes please.

9

10 P: So as a client I have been in therapy for about 3 years online and I started doing the
11 therapy online when I started doing my diploma, so I did it for a specific reason and I choose
12 a form of eh a therapist who was outside of my comfort zone deliberately so I choose a CBT
13 therapist as I know nothing, you could write on a postage stamp all I know about CBT. Em,
14 but I wanted to know more so I signed up with the only CBT therapist who is on the ACTO
15 list, which is the place to go for all online therapists.

16

17 I: Ok. And how would you say, or how would you describe the communication process
18 between you both, using video conferencing.

19

20 P: It's our world is what I would say. It's it's eh, Sam is the name of my therapist eh and id
21 say that's where we're comfortable. I have met her face to face at conferences and things
22 occasionally but that's not our world. Our world is this online space that we have between us
23 once a week, it's my time with her. Em, one of the big things working online is there's an
24 awful lot of dual roles and it is something that we have to watch. I have to watch it with Sam
25 and she has to watch it with me cus there's all sorts of conflicting sort of agendas eh between
26 the online therapists because we're a smallish community and we confer, we do supervision
27 with each other. But in terms of my relationship with her, I choose her because she was a

28 CBT therapist em and eh she usually feels very uncomfortable when I push her in a direction
29 that is definitely not CBT and we do very well on it. I think em id say we are both quite
30 relaxed about it and id say she is not a very naturally relaxed person, but I think we've got to
31 know each other quite well. I know exactly her foibles and she knows exactly my foibles and
32 we laugh at each others foibles now. So we have really developed an an online relationship
33 and in fact id say that happened very quickly. And of course with all these things the longer
34 you're in therapy with somebody the less you have to repeat because they know all about
35 you.

36

37 I: So what's that relationship like between you both, how would you describe it?

38

39 P: Em, it's very difficult to put into words in a way. Id describe it as real. As real as the
40 conversation you and I are having now, is real. You know for me it's as real as if we were
41 meeting face to face you know. You're not getting second best because you're sitting
42 somewhere over the water and I'm sitting here. Its real. Em... and I suppose in terms of a
43 negative, or a double negative, I've never found it not being helpful. That sounds weird to put
44 it as a double negative because that sounds like I've always found it helpful. I think I'm more
45 implying that you know I'm always trying to look at what works and what doesn't work. I eh,
46 I think, one of the things I think because she is a CBT-er she has a certain way of working
47 and I would be interested to think about the impact that has on the way we work online
48 compared with if I saw someone more relational. But we've had some very moving moments
49 between us and she'll usually say if I start going off in a psychodynamic direction "ohhh no
50 you're taking me to uncomfortable places" and we both laugh because I know its not her
51 specialism. But I suppose in a way I stretch her and she stretches me.

52

53 I: Yeah and do you think that it makes that you're a therapist and she's a therapist. Do you
54 think that impacts the relationship at all?

55

56 P: In a way it possibly does but we try to stay away from it because we both know that's like
57 a drug because we're both passionate about the online work we do and I could very easily
58 lead her down a path about my very exciting discussions last week with UKCP and online
59 work or whatever but that's not what we're there for. And she's very clear, that if I do start
60 up down one of those streets that she'll say "that's all very interesting but we're not here for
61 that." Em you know and I think I think. I do remember my very first reaction, I have no idea
62 how old Sam is but I'd say she's about 30, 35 maximum, and I'm knocking on 60. So I do
63 remember the very first time she came on the screen, thinking "ah fuck a duck she'll be
64 useless" and that was more or less my thinking and em, we do laugh about that from time to
65 time now because she's been far from useless. And I think that's been a really useful learning
66 curve for me. I'm not an ageist person at all I've always had friends of all ages but it was a
67 funny sort of expectation on my part that she might be older but she wasn't. She's one of the
68 youngest people in the online profession.

69

70 I: Yeah, and I suppose just on that point of em the relationship and how it's developed over
71 time. It sounds like you had quite a spark at the beginning and it kind of grew and grew. Is
72 there anything you would say helped facilitate the relationship between you both?

73

74 P: Well I think what's really interesting is that she works completely differently to anyone
75 else I've ever worked with because she's a CBT-er. So that's a facilitating factor in a way.
76 Sorry can you just repeat the question again?

77

78 I: Just about what you feel facilitated the relationship developing?

79

80 P: Yeah ok, so a facilitating factor in a way is the CBT way of working because that's not a
81 not a relational depth way of working. It's a much more pragmatic, task focused practical
82 way and actually that's been really good for me and I really enjoyed it. But its not what im
83 used to em... so I think that em rather one of the first things I would say is the importance of
84 good will on both side, that's really important to work. But that might be true in face to face.

85 Perhaps if I'd saw a CBT-er face to face id have the same reaction so the but I think it's a
86 more direct way of working rather than a relational way which is my way of working which
87 em I think it probably does take time to develop a relationship in that context when you've
88 got two different modalities flying around in the air. Em... but I guess I had things I wanted
89 to discuss and she I'm sure had decided on how she was going to work with me.

90

91 I: Sorry that's my telephone. I'm just going to mute it.

92

93 P: And em, I think time is probably one of the most important elements in the development of
94 as it is in a friendship. You know these things just don't happen over night. I'm very
95 suspicious of well I'm about to say I'm very suspicious of things being very deep and
96 meaningful in a short time but actually that's rubbish, I'm just about to think that's
97 completely rubbish because I know that's not true, which we'll talk about in a minute if you
98 like. But I think there has to be good will on both sides and there has to be a sort of natural
99 empathy between those two people otherwise it's just not going to work. As it would in face
100 to face not everybody gets on in face to face with therapist X, Y or Z. And I guess that's to do
101 with personalities and all sorts of things but you know were all 57 varieties basically.

102

103 I: So there's something about good will, empathy and there's also something in there about a
104 different way of working for you that created something between you both.

105

106 P: I think that's absolutely true. That in my case is true and you gotta remember I deliberately
107 choose a modality that I knew nothing about. Em and actually found it as ive said in my
108 written questionnaire hugely hugely helpful. I've had panic attacks on and off since 1980, I
109 duno 1979 or something, you know, a very very long time and there have been psychiatrists
110 who have scratched their heads together and have said we don't understand this, you must
111 depressed, we need to put you on medication blah blah blah you know and I wasn't depressed
112 or whatever. Em, and they just had no understanding, I mean you gotta remember it's a long
113 time ago and there was no understanding whereas there's more understanding now. So what

114 was really interesting was that I came with this sort of baggage in a way, it was my main
115 luggage I came up. And I said to Sam one of the main things I want to work on is my panic
116 attacks. So we you know we did this and I guess after, I couldn't tell you how long, but I
117 guess 6 months may be actually more like a year than 6 months and I looked at her like this
118 and I say "you know something, I haven't had a panic attack in ages and that's down to you"
119 and she just looked at me and burst into tears. It was a very very moving moment. Em, so that
120 was a very relational moment. It was just one of those moments, I've had a few of them on
121 both sides really and they are very very important, they're like em, they're like mountains
122 that stick out in in hills or something you know, they eh they give em (pauses) a three
123 dimensional set or context to everything, they give em a real em (pauses). I want to say depth
124 but I'm trying to move away from that, but I cant think of what the word is, a real deep inside
125 moment. It's something that is beyond words and it happens in face to face from time to time
126 to so it's not about working online but the point about is it can happen online and it happened
127 to me the other way round a couple of months ago. I was working for an online charity on a
128 Sunday afternoon, which works via text based and eh I cant tell you the detail because it's
129 confidential but I can give you a sort of grasp of it. Em, I was working with somebody who
130 was having a really bad time just needed to talk it out and said to me in the course of this,
131 "how old are you?" so I thought, I thought the person from the way they wrote was late teens
132 or early twenties so I thought "well what do I do? Do I say I'm 30, do I say I'm 40 do I tell
133 the truth I'm just about to be 60" so in the end I decided on the truth and said "I'm 59 and $\frac{3}{4}$ "
134 which I was at the time and em she came back on and went 'ok.' So it was important that I
135 told the truth and em you know we kept talking for a a while and at the end of it she just said
136 thanks you're one in a million and that was worth all the tea in china if you know what I
137 mean. That was done via text chat, I couldn't see the person, I had no idea about the person, I
138 don't need to know anything about them, I engaged via text with this and that was in half an
139 hour we'd done all that. I'd finished my job.

140

141 I: Yeah so you've experienced that idea of relational depth both as a therapist and as a client?

142

143 P: Yeah very much so

144

145 I: And you've said it's almost like something deep inside moving or something that is
146 difficult to put into words.

147

148 P: Well I know that that person will never forget that half hour in their life. And it's just
149 something that I suppose it's a bit like when you're in class and you're learning and sort of
150 listening but occasionally something hits you between the eye balls because it's really
151 interesting, it's something that makes sense, but it's beyond the just making sense. It was a it
152 was a hitting between the eyeballs moment and I think they are life changing moments those
153 moments. They don't come often, it's like catching rainbows. You can't catch a rainbow, it
154 might land near you or something you know and in a sense these moments are I suppose
155 miracles in a way, they are just extraordinary moments that happen occasionally in a
156 therapist's life.

157

158 I: And what about you as a client. How would you describe yourself in those moments as a
159 client?

160

161 P: Moved actually. It's a very moving thing. Em, it took me a minute or two to twig how the
162 momemnts. It was very very moving and I was very touched by it. I seem to remember
163 emailing Sam afterwards and saying how touched I was. It really meant a lot. Em, you know
164 there's been some other pretty moving moments but I think they are beyond words,
165 something emotional moves in you and they are life changing moments usually. They inform
166 you in a way or they do something in you in a way that creates change. Like like going back
167 to the text chat one, I know that that person will never forget that half hour.

168

169 I: So yeah very powerful.

170

171 P: Yeah, very powerful. But you know I see clients every so often and these are not things
172 that happen every day of the week and they shoudn't be because they are, otherwise they lose

Appendix 13: Transcript 5: Katie

173 their specialness when it does happen you know em I suppose, I guess I might describe it as a
174 meeting of emotion, I don't know if I would or if I wouldn't, it might be a bit too glib to
175 describe it in that way. It's beyond words really.

176

177 I: Yeah, it's difficult to actually describe what it's like when those special moments happen.

178

179 P: Yes but they are special moments and those are the moments that remain remain when all
180 the rest has disappeared in a way. They are they are the focal moments, pivotal moments in
181 both a therapist's career and in a client's. It's interesting, ive probably experienced them
182 more online than I have face to face, isn't that interesting.

183

184 I: And do you think that's because you have more online therapy than face to face therapy?

185 Em.... No I've had buckets of face to face therapy em, em, I cant remember ever having....
186 (no sound)

187

188 I: Sorry, I just lost you there. I can't hear you. (Silence). No nothing. Oh wait there I can hear
189 you now.

190

191 P: Yip. Em it's just one of those whao moments, beyond description really. But I've
192 experienced more online than in face to face and I don't know if that's normal or. One thing I
193 have noticed online is that you get results much more quickly online. So I wouldn't that chat I
194 was telling you about I wouldn't have achieved that in 25 minutes half and hour if I'd have
195 seen that person face to face. We'd just about have swapped names, discussed terms or
196 whatever. Yeah. Whereas you're straight into it , "how can I help?" de du de du of you go.

197

198 I: So there's something a lot quicker about communicating online which allows you to reach
199 that level of depth a lot quicker.

200

201 P: Yeah it might be because you miss out a lot of the social niceties. Not all of them. And
202 when you're doing video work you miss them out less but when you're doing you know chat
203 work there's far less, you're straight into it really. When you've got video work it's more like
204 being in the same room, you do have some, but I do think you have much more, maybe it's
205 about being sat at a desk which is a business arrangement, you know your more focused,
206 you're looking at your computer, you're not sitting back in armchairs going 'where's my cup
207 of tea?, where's the tissues?' all that sort of stuff. Eh you know you drilled in.

208

209 I: And in those moments how would you describe your therapist?

210

211 P: I would describe the therapist as being utterly there with me. You know that relational
212 depth moment is a two- way moment. Em yeah. Regardless of modality.

213

214 I: So she's very there. And what do you think has helped facilitate that profound moment of
215 depth or that connection online?

216

217 P: (Pauses) I think when I was the therapist it was to be where the person was and not speak a
218 load of bullshit. You know, they asked me questions about my age and I gave the truth. I
219 know that sounds like small thing but it's a big thing to do. Em and I think it was because I
220 was able to without revealing a whole load about myself I was able to be human with them.
221 Whereas most people would maybe have give a pat answer, you know a copy and paste
222 answer whereas you know I wrote it from the hear. And em when I think about my own
223 therapy I think that would be the same. It's genuine, it's real, it's not some pre- pre formatic
224 text, that you copy and paste it and hope that it will be the right thing you know, it's from the
225 heart.

226

227 I: Is there anything else you feel has helped facilitate those moments?

228

229 P: I suppose putting it in a different way, it's the genuineness. So these are very Rogerian
230 ways of working. Em when I was trained to work online, although I was trained at
231 Roehampton where we were not trained in any particular modality, we are given a very broad
232 training and we had to make up our own minds and some never managed to do that. In fact,
233 online training it very much used the Rogerian concepts on genuineness, congruence,
234 empathy etc as absolutely givens for working online because if you do that, if you're
235 genuinely warm and empathetic you won't go far wrong. You just have to be there warmly for
236 the person in whatever context so that's a hell of a lot to do with it. So I found myself
237 re-reading Rogers again, you know 30 years on from when I qualified at Roehampton. Em,
238 looking at Rogers and reading his 1972 address to the APA, which was, he was in his
239 seventies at this point and he really didn't care what he said. He didn't have a mortgage to
240 pay, nothing was dependent on him in a way and it was one of these dare I, you should read
241 it, it's a brilliant brilliant piece of work and it made me realise that I just needed to dare to be
242 myself and think outside the box and realise that nothing is impossible if you open your mind
243 to it. You know we're so busy going, we're very constructional in a way you know,
244 everything has to be this way, it has to be this way, you can't do that because of this, but you
245 know blow all that out and you actually once you do that and you start being genuine and
246 warm and empathetic you'd be amazed at what happens. So I think you know I have, while I
247 might describe myself as being psychodynamic I probably have a very strong wing now in
248 Rogerian and the two aren't incompatible.

249

250 I: And I suppose if you're thinking about in terms of your own therapist and her CBT, which
251 some may say aren't completely focused on the relationship element of the therapy, em
252 would you say those are the attributes that she possesses which have helped you reach
253 relational depth? Or is it like you said at the beginning, a new way of working etc?

254

255 P: I think it's a combination. First of all, it's been intriguing working in a different way and
256 I've always appreciated the way that I've maybe reached my limit on this one here, the
257 psychodynamic way of looking at things. And I've always liked that because it's meant I've
258 been honest and genuine and you know it's about whatever it is we're looking at. She also
259 writes everything down and I never write anything down and I know in about 4 weeks time
260 im going to get told "well now we're going to have a little review" and she'll run through all
261 of the things that she did. Way outside of my zone, but you know I tell her the truth and I
262 think I've taught her not to do it so much. I hate them, so I am just wherever I am I don't
263 need to have a review. The week is the week, the past is the past. It's something I learned in
264 supervision at Roehampton. I remember ____ used to say, a client will come into you saying
265 'I hate so and so' and they'll go on about it and then the following week they'll go 'oh so and
266 so and I did this' and ____ and I would want to say hang on here there's something that's
267 happened between this week and last week and ____ said, I dunno if I agree with it but it's
268 always stayed with me and he said 'just go with where they are this week not where they
269 were last week. You're not an investigator, you're not a detective" you know and I'd be
270 going 'but that's not congruent to what they said last week. What happened to last week?'
271 'Ah well you know last week we had a falling out but this week' And you know I thought it
272 was a really useful thing to say that. It's always stayed with me. Start from the present where
273 they are this week and that's why I don't bother with resumes of what people have done over
274 the week, it doesn't interest me. It's where people are this week.

275

276 I: Yeah, And just back to that moment of meeting. Is there anything that you perhaps feel
277 hindered that experience from happening or anything that came in the way of that online?

278

279 P: I would say that when it happens it happens very quickly and just as we're sitting today
280 and you cant see that much of me and I cant see that much of you, I miss the body language
281 cues that might have made me realise much more quickly that this was happening. Em
282 because we use VC which is another system which I don't really like, the pictures not terribly
283 good and the sounds not terribly good and em I guess that I was a bit slow on picking it up
284 because of the lack of body language to go with it. You know she had to say to me, 'Oh my
285 God, I'm finding this very emotional' before I really picked it up and saw that she was crying

286 em whereas if I'd have been sitting in the same room, I'd have noticed it straight away.
287 (phone rings) Sorry I'll just turn that off. Ok. Em yeah that would be right, I think the, the
288 lack of body cues and I've spent a bit of time thinking about visual cues and non-vervbal
289 cues, you know and I think we've came on a lot online with non visual and non-verabal, you
290 can still see an awful lot of body messages but it is important to acknowledge that limitation
291 because it is I think we're sitting too close. I'm sitting further back from the computer than
292 you are and you know one of the things I do on my teaching courses is to just ask what do
293 you feel comfortable with? Is this too far away? Is this helpful like this you know should I be
294 like this, should I be like this. You know when you're sitting in a room with somebody and
295 you feel very uncomfortable because they're sitting too close to you that happens online to
296 but I also think that that it it there's a happy medium about that where you don't lose the
297 sense of the person on the screen. You can see them but they're not too close. For me, you're
298 too close and you've got your computer in completely the wrong direction. It's not conducive
299 to therapeutic work to not be able to see your face.

300

301 I: So you can't see my face?

302

303 P: No.

304

305 I: Oh ok. I thought I was sitting directly in front of my camera.

306

307 P: No you see it's the light that you've got shining in. You need to trun around about 90
308 degrees. You see my light is coming from over there.

309

310 I: So I need to go this way.

311

312 P: Yeah that's already getting better.

313

314 I: I had my curtain pulled earlier because of the light.

315

316 P: You've got shadows all over you. And people have absolutely no awareness of it. And
317 you're too close, I'm only seeing this part of you. I talk about this in my training, what is
318 comfortable for people. Do you want to see them sitting crossed leg, do you want to see their
319 top half, do you just want to see their nostrils? And you know it's about being comfortable on
320 the screen again.

321

322 I: That's really interesting because another participant that I interviewed said that she likes to
323 be able to see her therapist and know that she's not sitting in her pjamas with her slippers on.
324 That it feels a lot more like therapy then. It's not just two friends having a face time with each
325 other.

326

327 P: Yeah yeah. All that is true. For example, I've got a colleague who is doing a dissertation
328 masters at a university in the west of England and he had to have a supervision for it online
329 because they just couldn't get to the same place. And his supervisor who is clearly not
330 qualified to work online, so she came online wearing a onesie.

331

332 I: Oh goodness.

333

334 P: Right. It gets worse because remember my friend is a bloke right and then she realised she
335 didn't have her camera thing fitted the right way so she got up and did all this sort of stuff.
336 You know I'm wearing a normal shirt that is quite well done up, she was wearing a onesie that
337 came down. Well you can just imagine. It's just so unprofessional, so unprofessional. Would
338 you do that face to face. Would you wear a onesie? No you wouldn't. And in fact she could
339 have had a complaint made against her for extremely poor practice.

340

341 I: That's something im interested in with regards the setting being conducive to therapy. And
342 a few of the participants I have spoken to have said that actually being at home, being in the
343 comfort of their own home, having a cup of tea whilst having their therapy session suits them.
344 It fits in with their lifestyle, they like that it's a lot more relaxed, it also means they can take
345 some time out if they've had a really difficult session and just flop on to the bed. So I suppose
346 im wondering from best practice, if you're conducting therapy yourself, whether it's face to
347 face or online do you allow cups of tea, do you allow them to have snack bowl sitting there.
348 What's the kind of guidelines on that?

349

350 P: There are absolutely no guidelines on that. I've never yet had a situation where i've felt
351 uncomfortable. What do I have around me, I have a cup of coffee over there, water over there
352 em what I wouldn't do for me and I don't think id expect a client to do it either, I wouldn't
353 expect them to sit and eat in front of me but you know, it's quite intense doing therapy and
354 talking and stuff and I think it's wise to have a drink. I don't have rules or anything but I
355 think if I thought it was unconducive I would say you know have you thought about what
356 you're doing. Would you go to face to face therapy and take a plate of food and eat it in the
357 therapist's room. I think we all drinks cups of tea and stuff and a lot of therapist's drink, and
358 it doesn't stop you from getting to the stuff, but one of the things is an issue is what is behind
359 you. And I have behind me on that side a map of England and on that side my bookshelf. In
360 France, I've got a much more therapeutic setting, I've got a painting and it was something
361 drawn for me a long time ago by a client of a dolphin jumping into the light and em even that
362 I'm not sure about. Some people have completely blank backgrounds, I'm not sure em I'm
363 thoughtful about what I put on my bookshelf.

364

365 I: Although I can't see any of the titles.

366

367 P: No, but I'm still thoughtful about it. And I'm aware that I don't like this at all but I just
368 haven't got round to it.

Appendix 13: Transcript 5: Katie

369

370 I: Well, thank you for doing the interview and I will be in touch with the results

371

372 P: No problem. I look forward to reading it.

373

374 Bye.

375

376 Bye now.

377

1 I: Hi. Thanks for agreeing to take part in the interview. So you've completed the online
2 questionnaire so this is just a follow up interview to get a more in depth feel for what it's like
3 having therapy online. So, why don't you start by telling me a bit about your online therapy,
4 what sort of mode it is, how long you've had it for any why you decided to do it.

5

6 P: So, it was over summer, it was the beginning of summer, it was like around April/May
7 when I was really busy with deadlines em and my therapist is in north London so em for me
8 to get to him takes an hour to get there, an hour to get back and then an hour in therapy. Em, I
9 started seeing him in first year and I saw him just cus he was recommended by a colleague
10 and I went and I was like yeah he's really good but it's so far away, I'm just going to stay for
11 a year and then change therapy. I find him so good that I've stayed for the whole three years.
12 Over, it was May just before a deadline and I was just sort of being like I don't have three
13 hours on my day off to spare because obviously it's an hour each way and then an hour in the
14 middle. And it was actually him that suggested it, he was like 'do you want to do some
15 skype? And I was like, I didn't really like the idea of it, but it saved me like a lot of time. So I
16 think we did three sessions of skype in May and that's why we did it. It just like for
17 convenience, saving time but I think, you feel, I felt a bit cheated almost, like I was still
18 paying the full amount I would pay to see him to do a skype call. It didn't, even though it is
19 the same, it's the same amount of time, it didn't feel the same. It felt like you should be
20 paying less for a skype call. I didn't like it.

21

22 I: What would you say, what felt different about it?

23

24 P: It, it you're just really aware like like even when you're on the skype call like you're
25 looking at your face, you're looking at their face, like you're just really aware that you're not
26 in the room with them and also that you're somewhere else that like even if there's no one in
27 the house like it sounds silly but the cat could jump on you, or someone could come in the
28 door, the postman could knock the door like it just doesn't feel, like to me it just didn't feel
29 like a therapy session at all. We talked a lot more about superficial things than I would have
30 done in my normal therapy. And I think I think it's the distance, like you're very aware that

31 your just not with the person. Like it's really convenient, like it was super convenient it took
32 like it took like 50 minutes instead of 3 hours and even if your therapist was round the corner,
33 the time it takes to get there, to get back it was super convenient but I didn't like it and I
34 would never want to do it again even if I was short on time, I think I would still try and get
35 there as opposed to doing skype.

36

37 I: The decision to do skype was really based around your lifestyle, deadlines, not really
38 having the time to travel to appointments but there was something about feeling quite cheated
39 and feeling that it just wasn't the same, that the atmosphere that was created by a skype
40 session wasn't the same.

41

42 P: I don't know if, I know I said cheated but I don't know if cheated is the right word because
43 it was my choice to do it but it just, it didn't feel like a therapy session, it felt almost as if you
44 were talking to a friend. I think I always associate skype with, the only time I every really use
45 it is to talk to people when either I'm abroad or their abroad so I kind of think of it like
46 catching up with friends catching up with family and I think maybe because I have that
47 association in my head as well, it was just really, it was definitely really difficult to do
48 therapy over skype. I just, I just didn't feel it was like a therapy session.

49

50 I: And how would you have described the communication between you both?

51

52 P: Over skype?

53

54 I: Yeah.

55

56 P: Just not, just not the same. Like usually when I go in its really relaxed, he's a relatively
57 informal therapist, he would always be like 'do you want a cup of tea or cup of coffee?' em

58 and we usually go straight into therapy almost whereas skype was a bit like 'hi' and then he
59 would be like 'hi, how are you?' and it was just different, it was much more strained and it
60 just didn't feel comfortable and it seemed a lot harder to start the session. I think ending the
61 session, you're not both in the same room like it feels harder to just communicate the time
62 therapy's over and things like that.

63

64 I: So it was quite difficult that process of communication over the internet.

65

66 P: I find it really difficult, I didn't like it at all, especially being able to see myself, I don't
67 even, I never really like it, I find it really impersonal and quite awkward using skype, but it's
68 ok when it's friends but yeah I just find it really awkward and really difficult and think as
69 well I think about internet connection and things, like it cuts out, there's a delay and you can
70 hear yourself and it kind of gets in the way, it just wasn't the same at all or being in a room
71 with someone.

72

73 I: And in general, how would you describe your relationship with your therapist?

74

75 P: Em, I would say its really good. I feel like he really understands me. Like I said I was
76 going to go just for a year and almost let him do the kind of grounding work for me. He's a
77 cognitive analytic therapist so there's a lot of grounding and understanding early patterns and
78 things like that and I was always going to see him as the sort of soft touch to ground me and
79 get me into a space where I could then go and see a proper psychodynamic therapist but our
80 relationship was so good that I can say anything and he can say anything and like he does say
81 anything. But I don't get offended by it, there's just a really good communication and a really
82 good relationship were If I was offended by something he said I'd be like 'that's really
83 offensive, that made me really angry' I don't, its not strained at all. And actually for this last
84 couple of months I've got all my hours and he's actually been like 'I don't think you need to
85 come and see me anymore' em which kind of upset me actually because it kind of felt that he
86 didn't want to see me anymore and was throwing me away a little bit em he just em, he didn't

87 say waste of money but he was like 'I just don't think you need it weekly, ive seen such a
88 difference in the three years and that's definitely been down to him and down to his style. Em
89 he's very brusque and very up front but he's almost gentle with it, I don't know how to explain
90 it, it's just, he's not tentative, he'll just say something but because of the relationship he can
91 almost get away with it, well not get away with it but it's ok. If we didn't have that
92 relationship and said the things he said to me, I'd probably get quite angry well not even
93 angry possibly upset. Like he's said things that if someone else said might be hurtful but he's
94 saying it in relation to our therapy in relation to what we've already talked about I guess.

95

96 I: Quite a good relationship where you both can be really honest with each other.

97

98 P: I think so. I think I actually choose a man because I thought I'd be less honest with a man.
99 So I think when I started going to therapy, I think if I had have had a woman, a sort of middle
100 aged woman, I'd find it quite difficult and she'd remind me of my mum possibly and I didn't
101 want that. And I actually started off seeing him and a woman and I saw the woman, I saw
102 them both I think for four sessions and I hated her, like I really, I didn't like her. She was too
103 soft and she was too gentle almost whereas I find him quite, I also choose him because I
104 thought I'd be more guarded with a male but em I don't think I have been so I think it's
105 actually worked in my favour. But it's funny how the reasons I choose him, probably the
106 opposite has happened.

107

108 I: Yeah. So what do you think facilitated that relationship you had with him.

109

110 P: Em, I don't know, im trying to think why I kept going because like I said it was with him
111 and another woman and the woman literally lived around the corner and he lived an hour
112 away but I still choose him. But I think probably that he came recommend, that someone
113 recommended him as a cognitive analytic therapist and I really like cognitive analytic therapy
114 and I thought that would be the best mode for me em and they are quite rare, there aren't that
115 many so because he came recommended at the beginning I think I stuck with him and then

116 probably after about 10 sessions I realised that there was a relationship and I think maybe that
117 he was older, he did seem quite wise even though, I don't know, I knew he had a lot of
118 experience as well whereas the woman was slightly younger, I think, she wasn't newly
119 qualified but was probably qualified for about 5 years and I just kind of was sitting there
120 thinking some of what your saying to I know already, like even even instantly he said things
121 to me that made sense that I maybe knew subconsciously underneath but had never thought
122 about. He just seemed really good and knew his stuff and seemed to read me really quickly
123 really easily whereas maybe say with the woman, I think she tried to do some CBT skills with
124 me really quickly and I was just a bit like I know this I could do this on myself almost
125 whereas he was, it was much more about childhood patterns and kind of things that maybe
126 you wouldn't think about yourself because it's too difficult. And I think that actually
127 facilitated the relationship because he told me things that I wouldn't have thought of myself
128 or wouldn't have been able to do by myself. Like I think a lot of therapists can do easy CBT
129 skills on themselves or thought about things in that way a lot of the time but how or not
130 necessarily thought about the patterns that they may have in their head and he just seemed to
131 really quickly hone in on those and sort of be able to and he did a lot of diagrams on a white
132 board, linking, and I just found that really helpful and really useful. I think probably a) that I
133 already knew that he knew his stuff like he's been qualified for 40 plus years helped and b)
134 that instantly well he did just seem to know what he was talking about and seemed to read me
135 really quickly.

136

137 I: So there's something about his experience and also understanding you and your childhood
138 patterns from very early on.

139

140 P: Yeah and he made me feel very quickly. Like when I went to him I think talking about a
141 lot of my behaviours at the time, there were, he said this recently this is what I mean about
142 being offensive, he said 'you did present to me with borderline patterns' and I think If anyone
143 else had said that to me I would have, that would've really upset me. But he sort of put it in a
144 way that was, 'when you came to me you were drinking a lot, you were you know having
145 quite extreme relationships, you were acting out' like just the way he put it but also
146 understood that really quickly but he didn't say that to me in the beginning, he would just

147 draw all these diagrams about and it was in cycles so it was very much like 'you feel this way
148 and then this happens but maybe because this happened in your past and you're recreating
149 that,' I don't know it just made sense really quickly and he seemed to hone in on what was
150 going on for me really quickly without me having to tell him and I guess that comes with
151 experience or I don't, I don't think its about knowing theory, I think for him it came from
152 experience. And it just seemed easy from the beginning.

153

154 I: Ok. You mentioned there that there's a possibility, that he feels you no longer need therapy
155 and maybe in the future if you go into full time work and as you say may be quite difficult to
156 get to North London as its 3 hours away. Would skype be a viable option then do you think?

157

158 P: No. I think id be tempted to because I like him so much but I think, I think no because I
159 don't like it. I wouldn't be happy paying £50 for a skype call. I just, when its in the midst of
160 having therapy and it's every once in a while it feels ok but I think just as a therapy I
161 wouldn't feel that I was using it properly, to the same extent as I would person to person kind
162 of, so no I would never ever, even with him who I want to keep, ideally I wouldn't choose to
163 have skype.

164

165 I: And I suppose where those three sessions that you had consecutive sessions or were they
166 broken up?

167

168 P: They were meant to be consecutive but I went to Australia in the middle. So I think we had
169 two and then I had a two week break and then we had one. They were kind of consecutive but
170 there was a break between the second and third.

171

172 I: Did you feel that anything change? Did anything get more easy or more difficult by the
173 third session?

174

175 P: Em I just think that with the gap it was harder to start again. I think the first session a bit,
176 was very difficult, the second session I didn't necessarily feel that I'd got that much out of
177 but it was easier because we already had one and then by the third it was almost like going
178 back to the first session again. I even think that electronically as well like, I know people use
179 skype all the time and it should be such an easy thing to do but like today finding it on my
180 computer, and I couldn't find it and I dunno it just seems like such a faff. It could just all go
181 wrong and you don't get therapy at all.

182

183 I: And I suppose, did you over those three sessions ever have a moment of relational depth or
184 a moment of profound meeting?

185

186 P: No. Definitely not.

187

188 I: And I suppose you've kind of covered this but what do you feel maybe hindered that from
189 happening?

190

191 P: Its just, its really hard to explain because it's still communicating directly with him but
192 there's just something about not being in a room with someone, being in close proximity,
193 knowing that they're far away, knowing, its just, I, I even like on a phone call, even though
194 you're more used to it, I don't know if you'd have relational depth. It's just something about,
195 something about being in a room with someone. I think it's very difficult having
196 communication, even though you can see them, its not in the same place. It just feels
197 different.

198

199 I: So there's something for you about the distance and about not being in the same setting?

200

201 P: Yeah, it's definitely, I don't even know if it's setting, it's like proximity because he's
202 moved as well, so during therapy we've gone from one setting to another setting and that
203 hasn't bothered me at all. So it's something about proximity definitely to him that just feels
204 more natural when you're in a room with someone I think.

205

206 I: And within that is there something about your presence and his presence being important.

207

208 P: Yeah but I don't know, I don't know what it is, I could never put, I could never put my
209 finger on it and pinpoint like him being there makes me calmer or me being there in that
210 space makes me want to talk, I don't know, I couldn't pin point what its like being there. I
211 think I find that in every day life as well, so say if I was on a phone call to someone, I usually
212 talk about them, I don't talk about myself. I find it quite hard to talk about myself when I'm
213 not in direct contact with someone and I don't know why and that's everyday life as well but
214 it seemed even more obvious with skype that I just didn't want to talk about anything really
215 important over skype.

216

217 I: Yeah, so it nearly sounds that there's something about the atmosphere that is created within
218 the room versus the atmosphere that's created when you're in your house and he's in his
219 office.

220

221 P: Yeah I think that has definitely something to do with it as well.

222

223 I: And what do you think could have facilitated that moment if anything?

224

225 P: Obviously I don't know if it's person to person but for me I don't think anything could
226 have don't. I really think that and I don't know if its set in my mind that way so when I had
227 the skype calls even though I knew I felt like this, I tried to be like ok just try really hard and

228 just try to get that sort of relationship you'd have in the room but I just couldn't no matter
229 how hard I tried it just wasn't the same. So I actually, I actually just don't think skype would
230 work for me. I don't think anything would change that. Like I've tried being in a quiet room,
231 doing it when everyone else is out of the house, I've tried you know lots of things with the
232 three calls but none of them felt like the same as being in the room, like no where near, I just
233 don't, I just don't think that kind of communication works for me. Also like I said, it feels
234 like you're paying a lot of money and if it's not working and you're not talking about things
235 that you necessarily want to talk about in therapy, what's the point? So I can chat to all of my
236 friends this way it didn't feel like therapy.

237

238 I: Is there anything you think your therapist could have done?

239

240 P: Em, I don't think so cus, he was great about it all. He would text me 10 minutes before to
241 check that we were still doing it and I'd be like 'yes' and go to my computer and pull skype
242 up and have time to do that, I wasn't panicked or anything then he'd ring and he was really
243 close to the screen and he was in a quiet room and he'd say when time was up. So, he did
244 everything right, or how you'd want someone to do but it still didn't seem to make much of a
245 difference for me. I can't think of anything he could have done differently 'cause he did
246 everything you'd sort of want someone to do on a skype call.

247

248 I: Ok. Em anything else you maybe want to say about that experience about the skype?

249

250 P: Yeah, I think its just hard, especially when you're like looking into it because I feel it's
251 like a balancing act for like people who can't get to therapy, I feel skype is really helpful or
252 online therapy can be really really helpful but I honestly don't think you can get that depth
253 through that kind of communication so I think for me it depends on what therapy you want.
254 Maybe if you're doing skills based therapy, its very much talking about a skill and it's easy, I
255 don't know I feel like when you're talking about your childhood and maybe deeper things,
256 it's quite difficult to do over this kind of communication. So maybe it works for like short

257 term skills based work were maybe were obviously the relationship is important but you
258 don't spend a long time building the relationship. I feel for maybe long term therapy it's not
259 the best, so I don't know. Obviously there's a balance, people have really busy lives and
260 maybe some people would prefer it because it's so convenient and maybe depending on what
261 you want to get from your therapy it could work, I don't know. Maybe it's different people,
262 for me just not being, as I said it's something about proximity and not being close to someone
263 in a room I just didn't like it and it just didn't feel like therapy to me as well.

264

265 I: And do you think again, you said about feeling quite cheated, about having to pay £50 for a
266 a therapy session via skype, would it make a difference if the therapy session was cheaper?

267

268 P: I think I wouldn't feel cheated. It wasn't cheated it was, I just didn't feel like I was getting
269 my moneys worth I guess. So if it was cheaper I'd be more tempted to do it intermittently but
270 I still wouldn't want it to be my therapy as I just wouldn't use it as therapy. If I phased it like
271 once a month and did a catch up session on skype instead of a therapy session I'd used that,
272 but I wouldn't no. I think however cheap or even if it was free I still wouldn't do my therapy
273 over skype. I'd still rather pay the money and go and see someone rather than do it for free
274 over skype because I just wouldn't use it, so it just wouldn't be productive for me.

275

276 I: Ok. That's all my questions. Have you any questions for me?

277

278 P: No.

279

280 I: Well thank you very much for taking part. I'm more than happy to share the details with
281 you once I have it finished if you like.

282

283 P: Yeah, that would be great.

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284

285 I: Ok then. Well I'll be in touch then but take care in the mean time and thanks again.

286

287 P: Ok then. Bye

288

289 I: Bye.

290

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1 I: Hi there, it's lovely to meet you.
2
3 P: And you too, so you're doing a research is this for an MSc or a Phd or what are you doing?
4
5 I: Phd, yeah it's my doctorate so yeah I'm doing a research into well the experience of online
6 therapy em on behalf of the client and kind of looking at the relationship that, that they have
7 between them and their therapist and whether or not em they can actually reach a really, a really
8 deep level of of connecting via online therapy em so yeah that's really what I'm looking at. Em, did
9 John pass you on the the questionnaire? The online questionnaire?
10
11 P: No
12
13 I: No, ok well I can pass that on afterwards
14
15 P: Ok
16
17 I: Em, it's kind of em again em I'm trying to gather both em kind of statistics as well as in depth
18 interviews with people em
19
20 P: Qualitative and quantitative then?
21
22 I: Exactly, yes so I'm trying to yeah do abit of a mixed methods approach to try and get as much
23 information as I can just because it's such a new kind of emerging area em there hasn't been alot of
24 research into it, em, so yeah that's
25
26 P: [muffled] so are you a psychologist, psychotherapist? What's your...
27
28 I: So I'm Psychology trained so my eh my doctorate is in Counselling Psychology so this is my I
29 suppose final piece em, so I'll be, I'll be glad when when it's all over
30
31 P: So are you study weary yet?
32
33 I: Study weary? Yeah
34
35 P: I, I haven't got a a doctorate em I just retrained, I'm an OT em I got a a BSc in em
36 Occupational Therapy about em 13 years ago but that was 4 years and that was with a dissertation
37 and the the forth year was a killer
38
39 I: Yeah isn't it
40
41 P: Because it was part-time as well as working
42
43 I: Yeah
44

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45 P: I was just, I just had enough by the last year

46

47 I: I know it's tough going when your trying to work and study and yeah it's it's not easy but em
48 we'll get there eventually [laughs]

49

50 P: [Laughs] Goodluck with it anyway so happy to be involved and to help

51

52 I: Yeah it's great thanks so much for taking part em hopefully it shouldn't take us too long em it's
53 just a really kind of general interview just about your experience em of online therapy em so we can
54 start now and I suppose would you mind telling me abit about how long you've had online therapy?
55 Why you chose online therapy? What you, yeah your kind of general feeling about it at at the
56 moment?

57

58 P: It wasn't a conscious decision at the beginning, it's kind of evolved [pauses] em so I, I knew John
59 previously because I attended a personal development course that he was running and then I went
60 and immigrated to Australia and came back em without, minus my husband and em had a lot, a lot
61 of of loss a lot of issues in my life contacted John again em started off seeing him em face to face
62 and then asked him if we could do things online, to reduce the cost of commuting because it was
63 like an hour, an hours drive each way every week

64

65 I: Right, yeah

66

67 P: And sort of the cost of of commuting was was a consideration so we said right ok we'll try it, so
68 we, so we then went to using FaceTime but then I would say probably [pauses] once a month he
69 would come over because he had to come over for his supervision anyway em to near where I was
70 living. So he would come over to my house and we would have a session, em, a face to face session
71 roughly once a month em and then the other sessions were sort of online and em thats been going
72 on, I'm just trying to work it out [pauses] I would say, probably 5 and a quarter years thats been
73 going on now

74

75 I: Wow, so quite a long time?

76

77 P: Yeah, em, [pauses] well he feels like part of the family now [laughs] I don't know whether John
78 would say the same back to you about me [laughs] em we know different people em in common
79 from the personal development course that I did

80

81 I: Yeah

82

83 P: So yeah I don't know, are you getting, are you getting input from the therapist as well? Or just on
84 clients?

85

86 I: No, I'm just looking solely at client's experience em for now em maybe maybe down the line it
87 will be a matter of looking at therapists but I think for now em, I think yeah clients was was what I
88 wanted to to kind of study

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89
90 P: I'm trying, I was trying to think before starting the call whether if I'd hadn't of known John
91 before em whether we would have started off straight into online whether I feel I would've made
92 such, because I think you have to have a rapport, as an OT myself you need to have that connection,
93 you need to have a rapport with that person and I [pauses] I don't know, I mean John is very
94 observant and I think it's partially down to the skills and the observation of the therapist on, on how
95 the success is and on whether you really listen to each other [pauses] I suppose that's my
96 observation, but I kind of know where John's coming from [pauses] I think there was one
97 miscommunication [pauses] early on, maybe about after 12 months and I said to him in email but
98 that was sorted out really really easily em, [pauses] yeah I haven't looked back really, its really
99 worked, and I know he does therapy with people all over the world
100
101 I: Yeah
102
103 P: I can't say for, how how effective that is but em [pauses] I've just had a a session with him now
104 [pauses] yeah it's good, he he feels like one of my best friends now because I can talk to him about
105 anything so something cropped up at the weekend and I just wanted to run it past him as almost my
106 sounding board, like this is what happened, you know why couldn't I understand straight away, this
107 is what was going on, so and he was mirroring back what I was thinking but it was just good to get
108 that reassurance
109
110 I: Yeah
111
112 P: Em, but he would put me straight if you know, or point out another way of looking at something
113 [pauses] I don't know, just really, it just works well but I I wonder if that's partly down to [pauses]
114 the dynamics between 2 people you know if I, if John and I weren't John and I if it would have been
115 another therapist whether the things wouldn't have worked so well, so I don't think it's just, I think
116 theres more too it than just the online bit
117
118 I: Yeah
119
120 P: Nothings ever that simple is it? [laughs]
121
122 I: No, but it sounds like there's there's quite a few factors there in terms of you, you and John had
123 met em face to face initially and that allowed use to develop that rapport that maybe then allowed
124 the the online therapy to become a little bit more easier em than perhaps if use had had never had
125 that face to face interaction but there was also something about both of you gelling as well and I
126 suppose understanding each other in a way
127
128 P: Also, I think so. Em but also the other thing I would say is that em I've wanted em hypnotherapy
129 a couple of times em and obviously I don't think that would work you would have to do that in
130 person so he came round to my place em to do that and got me into [laughs] I can remember one
131 session as well getting me into meditation, so he brought his meditation cushion round and we, we

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132 did some meditation together so em [pauses] so theres some things, I think there are limits em
133 [pauses] hopefully we've got a good [pauses] good balance

134

135 I: Yeah

136

137 P: But on a day to day, where things are at now [pauses] because obviously I've been, I've been
138 talking to him for 5 years hopefully made progress. But em [pauses] it is more [pauses] as a
139 sounding board and a friend and [pauses] yeah, I actually found myself wondering how much
140 longer I would be talking to him em so I don't know whether that means that it's coming up to it's
141 natural end of life. Although you know I don't want to loose friendship and I hope that we will stay
142 friends afterwards em [pauses] but yeah I certainly don't feel that [pauses] the online nature of
143 things has held me back.

144

145 I: Yeah, so how would you describe the kind of communication process between you both online?
146 What's it like?

147

148 P: It's just like a conversation. Em, if I've got something I want to bring up then I will just you
149 know... It will start off usually, 'how are you, what's been happening this week blah blah blah and
150 then I will dive in like tonight and say 'ah I wanted to em run something past you. I want you to
151 help me unpick it and understand what's going on. Em or why I couldn't articulate what I wanted to
152 straight away. So he just listens and I just explain, explain explain until I've explained what
153 happened and then he will contribute with his thoughts and answer my questions. It's very
154 interactive em [pauses]. Sometimes we, I'll just dive in straight like that talking about a specific
155 issue, other times we'll talk about politics, em you know the world, the world at large, what's going
156 on, an overview of things, you know individual relationships. Em, it's interesting because for me
157 I've chosen to stop seeing my mother and em my mother knows John em, she attended the same
158 personal development course as I did and so she is trying to use John to get to me. Em but John's
159 been really professional throughout, you know 'what do you want me to say?' and I just say 'well
160 say whatever you think is appropriate at the time' and I don't want to upset her, I don't want to cause
161 her any harm but I don't want her in my life and I don't want to be in her life, so however you feel
162 the best way to explain that then fine because I know she's been to see him about me a couple of
163 times. [pauses]. My mum wouldn't be able to use Skype so that was face to face but yeah I, I really
164 value, it's worked really really well for me. Like, I wouldn't have been able to afford the sessions as
165 well as the cost of petrol because it would have been an hour there at the time an hour with him and
166 an hour back, that's three hours a week. The cost of the sessions as well as the fuel has made really
167 big difference. It's saved me three hours a week as well as the fuel costs. Em, there have been
168 occasional sessions where I've gone to his [pauses] so yeah it's been good. We had some issues
169 with em the quality of the wi-fi connection. I moved house last October, there's been issues with
170 that since I moved but we've sorted that out now and it's great.

171

172 I: So I suppose there's been technical difficulties again, a bit like what we experience even, even
173 tonight when we were trying to talk. Em but it also sounds like John's professionalism as well is a
174 big benefit for you and it's it's helped create that relationship knowing that he's going to remain
175 professional even when your mum's trying to get in touch with him and reach out to him.

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176

177 P: I think once we've established that rapport and because I know him I trust him and that's a big
178 thing, em a really big thing, specifically for me because trust is an issue for me because I've been let
179 down by a lot of people in the past so that is important, very important to me so that's worth it's
180 weight in gold. [pauses] and yeah I don't feel that whether it's online or in person has an impact on
181 that. One way or the other John is still John, em and he's still professional and that's that's not a
182 problem.

183

184 I: So how would you describe your relationship with each other?

185

186 P: Honest, open, friendly, banter. Em [pauses] a mixture of almost being like a friend and a father
187 figure really [pauses]. I'm sure, well John will tell you anyway, I am very aware because I've
188 obviously done some psychology as part of my degree, but I am very aware that he is partly
189 reparenting me em so that's probably why I feel that but he's very, he's provided me, he doesn't call
190 it love, he calls it unconditional positive regard em but that's what I feel like, I feel like I can say
191 anything to him and he's not going to judge me for it. He's given me that unconditional positive
192 regard, and he will listen and he will give me a fair assessment and we'll talk about politics and
193 we'll agree and disagree but neither of us believes that one is right and one is wrong, it's just we've
194 got different opinions and that's lovely to be able to talk things through. I'm the kind of person that
195 can only progress my ideas so far in my head mentally, I need to discuss them to progress them. My
196 ex husband used to want to have things, he was different he was very, have you ever come across
197 Myers Briggs?

198

199 I: Yeah

200

201 P: So, my ex husband was an ISEP and I am an ESFJ, so I'm very much need to talk things through
202 whereas my ex husband used to be very, only prepared to share things once he had formulated his
203 opinion. So it's really good to talk to John because he helps me evolve my ideas. Does that answer?

204

205 I: Yeah it does yeah. You said there's something very warm and very honest, trust is a huge part of
206 the relationship and there's also something that does feel quite loving between you both. He calls it
207 unconditional positive regard but as you say it feels like love, it feels like you've been accepted
208 perhaps, em flaws and all.

209

210 P: I feel that he accepts but also I feel like he sees me for the person I really am whereas I felt that
211 people in my family particularly didn't see me and recognise the person that I was, so yeah that was
212 very true.

213

214 I: And how important would you say that relationship is?

215

216 P: Well, eh during the last five years when I, at times I haven't had anybody else close that I could
217 talk to I would say that it was vital. Things have changed now, I've got, I've developed some good
218 friends, a few close good friends and em im in a relationship with a with a really special guy now.

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219 Em, so but that's, I definitely have John to thank for supporting me and helping me evolve to the
220 place where I am now, definitely. Em.... [stops]
221
222 I: And is there anything that you would say really helped facilitate that relationship developing
223 between you both?
224
225 P: Em, [pauses] I, just, John being John, he's a very good listener, he's very observant em, he's em
226 very, what I like about him is he's very em an unusual mixture in that he's a mixture of what I call
227 eastern and western. So he's very, em knowledgeable about western theory but he also applies em,
228 eastern philosophy and he'll talk about spirituality and talk about mudra, which is reading faces and
229 the balance of the face and he can spot something just by looking at my face and reads faces so he's
230 not your average, not your average therapist by a long way. And his PhD I think was in em eastern
231 philosophy, em eastern psychology em, that's partly what appealed. And his ability to relate to
232 people, he would relate to, cus Peter went on, my ex husband went on the personal development
233 course as well but he would communicate and relate to him in a completely different way that he
234 would to me. Em, John's written some books, and I don't know if you have ever read any of them,
235 but he talks about different personality types and different personality types have different colours
236 eh so he relates to them according to their colour. Sounds pretty quirky but em
237
238 I: But it sounds that it works.
239
240 P: Yeah. He's... he'd have a very blue intellectual conversation with Peter whereas a very sort of
241 thinking conversation, whereas with me it would be alot more touchy feely and spiritual. He can
242 adapt that depending on the person, so you feel that that helps engender the rapport and the and you
243 feel heard and seen.
244
245 I: His adaptability
246
247 P: Very much so. I think that's vital. That, that plus the observation and the ability to, to be flexible
248 in the approaches and the tools that he uses as a therapist. You know the hypnotherapy your talking
249 different approaches and I find myself after a session thinking 'what was he up to tonight?' [laughs]
250 you know cus it would be very subtle.
251
252 I: It sounds like he has got quite a range of skills em quite a mix of different techniques.
253
254 P: Absolutely and I think that, that's what makes him the skilled therapist that he is, because he's
255 got a range of tools at his disposal and he knows, it certainly feels to me that he, he dips in and out
256 and knows what to use and change things if he needs to. I can't speak for him, you'll have to ask
257 him that, but certainly from the receiving end, from the client side of things em I find that really
258 refreshing.
259
260 I: Being able to I suppose match your needs and suit what you need at a specific time em to his kind
261 of toolset and he can draw on different techniques based on how you present perhaps.
262

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263 P: And then sometimes obviously when we do the hypnotherapy or the eh meditation, then, he then
264 decided it was, he said he could pop round and like next time im round or his or he'll say in the next
265 two weeks I'll bring my meditation cushion, so he would know when it wasn't appropriate to be
266 doing things online and when we needed to have face to face contact as well. Or he would suggest
267 that I go round for a hypnotherapy session and em only a few but it's just really worked well.
268

269 I: And would you say that you have experienced any particular moments of depth, a connection
270 with John, a moment that really, a really profound connection with him online, when you have been
271 doing your online sessions?
272

273 P: Profound in what sense?
274

275 I: I suppose just a really profound level of depth going perhaps, a certain moment that perhaps feels
276 a lot deeper or you feel a lot more connected with him.
277

278 P: I'd one tonight. Em, I was just talking to him about a situation with my partner at the weekend
279 and eh I'd said to him, I'd said to John this is what's happened and I was saying 'I need, I want you
280 to unpick why, why I couldn't articulate it, why I found it so difficult' em and he said 'because you
281 you're learning and because you've been let down by so many people you were scared that that's
282 what was going to happen again.' He, he tuned in [pauses] straight away.
283

284 I: And what did that moment feel like for you? How would you have described it?
285

286 P: Em [pauses] it was like as if someone was saying 'you're ok, don't worry.' Em, 'you're on the
287 right track.' When I think about it now it's making me quite emotional [pauses]. It's it's just so
288 reassuring to know that [pauses] that my grasp of the situation wasn't that off, wasn't off actually at
289 all, I was just impatient with myself as usual and em, and very, very reassuring, very [pauses], I was
290 going to say warming but I don't know if that [pauses] what's the right word? Very reassuring, very
291 comforting, im going to cry, very nurturing. Em, which is lovely because I never had that from my
292 mum. [coughs] so yeah.
293

294 I: It sounds like it really touched you.
295

296 P: Definitely. Sometimes we'll just have a conversation and I'll think 'oh that was nice' and it will
297 be a whole session and it will just be, [pauses] not thinking about anything in depth and then later
298 on in the week I'll think about things once I've had some processing time and it will just help me
299 build, even if its just about politics, it will still help me build a bigger picture, em, of the world. And
300 then that sense of, even if we've got different views, still that sense of em [pauses] of him
301 understanding me and and me understanding him and accepting each other without, and accepting
302 each others differences which has been a big issue in my family, in that my family don't see, or find
303 it very difficult to accept people who are different from them because I don't fit in. I was always too
304 sensitive or too this or too that. So I've spent a lot of time feeling not ok and then with John, I mean
305 obviously there are times where I'm asking questions and we're talking about things and I feel like
306 I'm maybe an eight year old or a thirteen year old and im like 'yes but why? [laughs] you know and

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307 he's just bemused 'because'. Yeah it's nice because I feel like I get an honest answer from him
308 [pauses] but you know in a connected nurtured way.
309

310 I: And it almost sounds that those moments perhaps that you have that the both of you kind of come
311 together and understand each other in a very complete sort of sense.
312

313 P: I can't speak for John, but certainly that's what comes over to me. I feel that he gets what I'm
314 explaining em or if I get the feeling that he's missed the mark I'll say 'no, no what I mean is well'
315 and then, so we can realign but I think that's because he's a good communicator and I think I'm
316 good at listening as well and hearing when if I think he's not got it I will correct it [pauses]. Em, so
317 there is, there is a responsibility on both parties to sort of do a lot of active listening and em taking
318 responsibility for yourself in that sense.
319

320 I: And just, I know it's quite emotional for you thinking about that moment tonight or maybe
321 thinking about moments which have happened between you both in the past, but how would you
322 describe yourself within that moment?
323

324 P: Em [pauses], well, em [pauses]. I felt seen and accepted and encouraged and loved [pauses]. I
325 still find myself feeling impatient with myself but I know why I'm impatient with myself and I just
326 laugh at myself now because I know that's what I'm like. Em [pauses] yeah it's just em [pauses] I
327 feel very lucky [pauses for a long time].
328

329 I: And how would you describe John in those moments?
330

331 P: Em [pauses] very professional, very analytical [pauses] can be humorous, concerned [pauses] em,
332 tonight he, he, the feedback he was giving me, he was very pleased for me that em, that this issue
333 was resolved at the weekend in a positive way, was encouraged I think that for me in the future
334 there were positive signs for the relationship, that he's a good guy and there are good signs for the
335 relationship developing well in the future. So from that, in that sense I suppose what it was, was a, a
336 supportive friend. He's met my other half as well [laughs], I call him my other half, my partner so
337 he can relate to him. I just remember, he does forget things occasionally but I just remind him and
338 then he tunes back in.
339

340 I: And is there anything else that kind of stands out in your mind about those moments when you
341 are meeting each other at a level of depth that's a lot more profound than the general conversation
342 or the general therapy session?
343

344 P: I feel like that's when I kind of get that kind of light on, this is what's it all about, im making
345 progress, I'm learning, I'm becoming a more rounded person, I'm, I'm becoming the person that I
346 want to be. Em [pauses] and I find that really encouraging [pauses], it's a nice feeling. I feel liked.
347 [paused] and accepted, it's lovely.
348

349 I: And is there anything again that you feel facilitated that moment happening?
350

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351 P: Em, John's understanding of [pauses] me, my past [pauses], how to [pauses], how to connect
352 with me I suppose. But eh yeah after five years you know we wouldn't have stayed in a therapeutic
353 relationship if it wasn't working [pauses]. I did some short term counselling before when I was
354 married em, with my with my ex husband and on my own for short periods, so I suppose maybe the
355 length of time as well has got a part to play in it as well, you know you get to know somebody
356 better. Five years is a long time.

357
358 I: There's kind of a number factors there really, the fact that he understands your past and is able to
359 maybe then make links or connect things and then that allows an understanding of you and your
360 position and I suppose that could only have happened over time, that you's have had that
361 therapeutic relationship and have gotten to know each other and he's gotten to know you

362
363 P: Definitely. And he's said a couple of things tonight but hadn't said something I thought he was
364 going to touch on, so I said to him 'so, could this also have been because of issues with my mum,
365 attachment issues with my mum' and he said 'absolutely' and then went on to explain that em, so
366 I'm not scared to ask, if he doesn't cover a particular subject that maybe I think I'm expecting to
367 hear at anytime. But then if I'm, if I'm off then he will redirect me.

368
369 I: I suppose it sounds like you both can be very honest with each other

370
371 P: Yeah, yeah yeah, that's vital. Definitely vital. Yeah, honesty, trust and respect and humour and
372 empathy and support.

373
374 I: So you would say that all of those attributes really help facilitate those really deep moments of
375 relating.

376
377 P: Definitely, I think so.

378
379 I: Is there anything else that you feel has helped especially when it comes to the online
380 communicating? Is there anything that maybe John has done that has helped facilitate you reaching
381 those moments?

382
383 P: Em, [pauses] I would say his patience, not pushing things. Em, it's difficult because I can only
384 give you from my perspective, sometimes I feel that things are meandering and not going anywhere
385 and then after a couple of weeks, I'll go 'oh that's what he was on about' [laughs] or he'll find
386 different ways of talking about different things which seem to be related and then all of a sudden I'll
387 think, or I'll go off and do some reading and I'll, I mean over the five years I have read so many
388 books and I've got two carrier bags of books to give him for him to pass on to other people. I'll say
389 you know I'm reading a really really good book or I found a really good article and em I'll tell him
390 about it and ask him 'what do you think about this, what do you think about that?' and so we'll talk
391 about it or he will then look to see if he can use that with other people. Do you know that he does
392 podcasts?

393

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394 I: I actually don't know John. How I got in touch with John was really, I was just contacting
395 therapists who offered online therapy and he was one of the therapists that was really willing to
396 share my study details which was great, but I've never actually spoken to John other than him
397 passing on details.

398
399 P: Ok, well he also does a podcast called ____ with a guy called ____ who's an entrepreneur. So
400 actually, I've sent him ideas for podcasts and different things, he get's contacted from people all
401 over the world saying can you talk about this, can you talk about that, so that's really good. And I
402 like listening to his podcasts, because the way he explains things in a podcast is different from the
403 way he would explain things to me or talk about things, so that's another way, another way in if you
404 like. Em and if I'm looking for something else then I'll read something. He's very accepting of all
405 the different things I've thrown at him in terms of articles and he'll say 'ok', he doesn't dismiss any
406 of it, we'll talk it through.

407
408 I: He sounds like he knows what's important to you and he meets you there.

409
410 P: Yeah, that's a good way of putting it. [pauses]

411
412 I: And he certainly sounds very knowledgeable.

413
414 P: He's incredibly knowledgeable.

415
416 I: And I suppose my final kind of question when it comes to relating online, is there anything that
417 you feel perhaps hindered those moments of depth. Is there anything that got in the way as such?

418
419 P: Oh, [pauses] the only thing, and I think it would be the same if it was a physical face to face
420 session and that would be if you're in the middle of exploring something and the end of the session
421 has come up. So that isn't purely for being online, but what I would say is that a couple of times
422 I've benefitted from that is that if he hasn't had a session after mine the sessions gone on for longer
423 while we finish talking about something. Prevented? [pasues] No, em occasionally there has been
424 things that have happened when he's been away on holiday and we haven't had a session for a
425 couple of weeks but again that's not online, that's just the frequency of the sessions. [pauses] so I
426 cant think of anything that's and it honest enough, if I'm not quite sure how he's meant something
427 I'll say 'are you teasing me or are you?' and he'll be like 'ah no, no, no, no, what I mean is blah
428 blah blah' and he'll go on to explain it in a different way. So it's basically, em, so I suppose it's,
429 maybe then the only potential one is that if you can't see someone's face close up em John was
430 saying you can't see the whites of there eyes so there's potential for miscommunication but that's
431 not an issue because I'll just ask. But I suppose that's down to the person that isn't it.

432
433 I: I suppose at times there can maybe be slight miscommunication or that one or the other hasn't
434 completely understood what the other is saying or has misinterpreted it and only that you feel
435 comfortable and that your relationship is at a place where you can be very honest and check that
436 out, that perhaps

437

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438 P: And again, thinking about that, it could equally happen face to face. So I don't think there is
439 anything that I could honestly say... the limitations online are that the sessions on the hypnotherapy
440 and on the, probably two or three of those and the meditation, so things were you need that face to
441 face presence, the doing nature of things but we've worked around those. It would obviously be
442 difficult if I was in another country but em, I'm located about 40minutes from John, so em there are
443 ways round things.

444
445 I: You mention John's presence during the hypnotherapy or the mediation, how present does he feel
446 and do you feel when you are communicating online.

447
448 P: I feel that he is very present, I feel like I have his complete attention, [pauses] because I really
449 value, I'm the kind of person who thinks you get out of something what you put in so, if you don't
450 put the effort in you don't get out, but I certainly feel that in that sense John is very present because
451 he's he's always listening, he's very observant em, [pauses] yeah, that's [pauses] I've never thought
452 of that before but he is. That's really important to me as a person to feel, it helps me to feel
453 validated as a person. Yeah.

454
455 I: Well, that's all my questions, I'm not sure if there is anything else that I maybe haven't covered
456 that you've thought about that you maybe want to comment on or anything further that you maybe
457 want to add?

458
459 P: Em [pauses], I suppose at the beginning I wasn't sure how the online thing would work [pauses]
460 I don't know how it would have been if it have been with a different therapist [pauses], had I not
461 had an established rapport with him already. Em, have you spoke to other people already?

462
463 I: Yeah, I've had six other interviews, so you're my seventh and possibly my last, so everybody
464 kind of had quite similar experiences and have reported fairly similar things to what you just have.

465
466 P: Great, that's good. Positive overall. Has anyone had any awful experiences?

467
468 I: Not awful, there's been two participants who have said that they have never had relational depth
469 online, that there have been a few things which have maybe gotten in the way of that, em and yeah
470 there was one person who said they would definitely not have it again. But everyone other than that
471 seems to have been ok.

472
473 P: And do you think that was due to being online or the rapport between the people? How would
474 you know the difference?

475
476 I: For them, it was online, they said, because it was a bit like what you said, they had been having
477 face to face sessions but very similar to you it was a 3 hour trip out of their day, so for a few weeks
478 she decided to have online but it didn't feel the same for her so she felt that she would actually
479 travel and have the face to face session. But I think it does come down to what you say with
480 personalities and dynamics, that some people will just prefer face to face sessions.

481

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482 P: I wonder as well if it comes down to you know how some people are more visual, others are
483 more kinesthetic and I wonder if that play a part as well.

484

485 I: Yeah, and I suppose that will be my suggestions going forwards, the type of people who choose
486 to have online therapy Vs those who choose face to face therapy. My research is fully focused on
487 whether or not that moment of depth can be reached online as it has been found to be a big factor in
488 therapeutic progress.

489

490 P: Great. Well I've really enjoyed talking to you and I hope I've given you useful information.

491

492 I: You definitely have. It's been really great to talk to you and hear your journey with John and I
493 wish you all the best going forwards. If you have any questions please just whizz me over an email,
494 and when I have all of this finished I can send you a copy of the findings.

495

496 P: I was just going to ask that. That would be great.

497

498 I: Sure. Ok, well thanks again and take care.

499